Hampshire County Council

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

I. A. MacDOUGALL, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

FOR THE YEAR

1956

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H A M P S H I R E C O U N T Y C O U N C I L

REPORT FOR THE YEAR 1956

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

INTRODUCTION

To the CHAIRMAN and MEMBERS of the HAMPSHIRE COUNTY EDUCATION COMMITTEE

I have pleasure in submitting the Annual Report on the work of the School Health Service for the year ended 31st December, 1956, and would like to make mention in this brief introduction of several matters which I feel to be of particular importance.

In previous Reports I have mentioned the need for more School Medical Officers, not only to ensure an efficient health service for the ever increasing number of children attending Maintained Schools in the County, but also to make it possible to extend certain existing services, particularly BCG vaccination. I am most pleased that an increased establishment of doctors has now been approved and it will be possible to make these improvements and keep abreast with the work.

Study of this Report will show that the general health of school children has been good during the year. There was no serious epidemic of any infectious disease; German measles, mumps and chickenpox, though usually mild conditions, caused considerable absenteeism. During the year the Ministry of Health introduced a new vaccine for immunisation against poliomyelitis, but supplies were very limited and vaccination could be made available only to a small number of children. Of the 967 children vaccinated against poliomyelitis in the County during 1956, 468 were of school age. Thirtyone children of school age were notified during 1956 as suffering from tuberculosis, 16 had pulmonary disease and 15 non-pulmonary. This is the lowest incidence for nine years and is most encouraging.

It is very disappointing still to be without a full establishment of Dental Officers - so much essential work is being left undone and as the school population continues to increase more and more children are being left without dental facilities. As I mentioned in my Report last year, it seems a great pity that at least there cannot be an extensive training scheme for Oral Hygienists who, I am convinced, have much to contribute to the School Dental Service; their value in this County has been amply proved. Mr.Chadwick, in his section of this Report, draws attention to the increased number of orthodontic cases under treatment by the County Dental Officers and the urgency of providing more readily available consultant orthodontic treatment and advice for certain of these cases. It is sincerely hoped that the South West Metropolitan Regional Hospital Board will consider the early appointment of consultant Orthodontic Surgeons who would be readily available to see County children.

One notes again the increased incidence of defective vision other than squint. The percentage of children found at periodic inspection with such defect has increased from 7 in 1948 to 16.2 in 1956. The incidence of squint has again resumed its upward trend noted in previous years, and in ten years has risen per thousand children examined at periodic medical inspection from 6.4 in 1947 to 21.6 in 1956.

In concluding this introduction to my Report I take great pleasure in expressing my gratitude to Mr.Coates, who during the year retired from his post as County Education Officer, for the most willing co-operation and assistance he always gave me. To Mr.Marsh, his successor, I wish great happiness in his important appointment, and look forward with keen anticipation to working with him.

I am grateful to Dr.Bacon, my Deputy, who has again most ably prepared the substance of this Report, and to all other members of the School Health Service, medical, dental, nursing and lay, I express sincere thanks for a year's work well done.

I.A.MacDOUGALL

Principal School Medical Officer.

SPECIAL SERVICES EDUCATION SUB-COMMITTEE.
(Membership on 31st December, 1956)

The Viscountess Portal, M.B.E. (Chairman)
A.A.Ards Esq.
Mrs.A.Dale.
Miss S.M.Longstaff.
A.Lubbock Esq., (Chairman of the County Council)
Mrs.R.S.Madocks.
J.W.Parr Esq.
A.H.Quilley Esq., M.B.E. (Chairman of the Education Committee)
Miss G.K.Stubington.

Selected Members.

R.Charlton Esq., M.B.E.
J.T.S.Hutchins Esq.
Miss C.A.Kingsmill
Miss F.K.Nobbs
L.J.Smart Esq.

STAFF

The position as at the 31st December, 1956, was as follows:-

Principal School Medical Officer

I.A.MacDougall, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer

L.J.Bacon, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Medical Officers:

(employed by the County Council as Local Education and Health Authority)

Whole-time.

Esther Ashworth, M.B., Ch.B., D.P.H.
Catherine Avery, M.D., B.S., D.P.H.
W.E.Denbow, B.Sc., M.R.C.S., L.R.C.P., D.P.H.
Joan B.Nuttall, M.B., B.S.
Phyllis Watson, M.R.C.S., L.R.C.P.

Part-time.

Sarah Boyle, L.R.C.P., L.R.C.S., D.P.H.
Laurel Campbell, M.R.C.S., L.R.C.P.
Margaret Cowan, M.B., B.Ch., D.Obst.R.C.O.G., D.C.H.
T.F.H.Duffell, M.R.C.S., L.R.C.P., C.P.H.
Muriel Evans, M.D., F.R.C.S.
Joyce Graveson, M.B., D.C.H.
Hilda M.P.Hunt, M.B., B.S., D.P.H.
Dorothy A.Morgan, M.R.C.S., L.R.C.P. (temporary)
Aldyth Munro, M.B., Ch.B.,
Elspeth Williamson, M.B., B.S., D.C.H. (temporary).

Also Medical Officers of Local Sanitary Authorities.

J.Coutts-Milne, M.B., Ch.B., D.T.M. & H., D.P.H.
M.Crowley, M.B., B.Ch., D.P.H.
F.H.M.Dummer, M.B., Ch.B., D.P.H.
W.A.Glen, M.B., Ch.B., D.P.H.
R.A.Good, M.B., B.Ch., D.P.H.
S.Hewitt, M.B., B.S., B.Hy., D.P.H.
P.L.Karney, M.B., B.S., D.P.H.
J.Craig Lindsay, T.D., M.B., Ch.B., D.P.H. (Aldershot Divisional School Medical Officer)
D.J.N.McNab, M.B., Ch.B., D.P.H.
S.C.Parry, M.A., M.R.C.S., L.R.C.P., D.P.H.
P.V.Pritchard, M.D., F.R.C.P.(Edin)., F.R.F.P.S., D.P.H. (Gosport Divisional School Medical Officer).
W.C.D.Walmsley, M.B., Ch.B., D.P.H.

The equivalent of 9.8 whole-time Medical Officers were engaged in School Health work.

Principal School Dental Officer:

Mr.C.C.Chadwick, L.D.S.

Dental Officers:

Whole-time

Mr.T.E.Black, L.D.S., R.F.P.S.(Glas).
Mrs.J.Carruthers, L.D.S.
Mr.G.A.Davis, L.D.S., R.C.S.(Eng).
Mr.S.E.H.P.Dodds, L.D.S.
Mr.R.T.Hale, L.D.S., R.C.S.(Eng).
Mr.L.J.Haworth, L.D.S., R.C.S.(Eng).
Mrs.P.Jeffery, L.D.S., R.C.S.(Eng).
Mr.J.A.Leney, L.D.S.
Mr.K.Leney, L.D.S.
Mrs.E.McGregor, L.D.S.
Mr.R.A.Nicol, L.D.S., R.F.P.S.(Glas).
Mr.F.Norris.
Colonel W.B.Purnell, L.D.S.
Mr.E.J.Taylor, L.D.S., R.C.S.(Eng).
Surgeon Rear Admiral (D) F.R.P.Williams, C.B.E., B.D.S., F.D.S., R.C.S.(Eng)., F.D.S., R.C.S.(Edin).
Major General J.Wren, C.B., C.B.E., B.D.S.(I), F.D.S., R.C.S.

Part-time.

Mr.N.I.Ballingall-Watson, B.D.S.
Mr.A.H.Chivers, B.D.S., L.D.S.
Mr.D.Clark, L.D.S., R.C.S.(Eng).
Mr.C.J.Crocker, L.D.S., R.C.S.(Eng).
Mrs.B.Durbin, L.D.S., R.C.S.(Eng).
Miss J.Gordon-Ralph, L.D.S., R.C.S.(Edin).
Mrs.I.Leach, L.D.S.
Mr.W.J.A.Reed, L.D.S., R.C.S.(Eng).
Mr.D.J.Ryan, B.D.S., L.D.S., R.C.S.(Eng).
Mr.I.T.M. St.George, L.D.S., R.C.S.(Eng).

Dental Anaesthetists(part-time)

Dr.J.E.Ainsley, L.R.C.P., L.R.C.S., L.D.S.
Dr.Dorothy Jones, B.A., M.R.C.S., L.R.C.P.,
Dr.Catherine Ormerod, M.B., B.Chir., M.R.C.P.

Oral Hygienist:
Miss S.D.Cox.

The equivalent of 18.85 whole-time Dental Officers (and 0.36 medical anaesthetists) were engaged in the School Dental Service.

School Nurses:

Acting Superintendent ... Miss M.A.Wadham

	Number of Officers	Aggregate of time given to School Health Service work in terms of whole-time officers.
School Nurses	59 (whole-time)) +14 (part-time))	12.4
Dental Attendants	16 (whole-time)) 9 (part-time))	18.3

+ includes 4 Health/Tuberculosis Visitors and
10 District Nurse/Midwife/Health Visitors.

Child Guidance Team:

Dr.V.L.Kahan, L.M.S.S.A., D.P.M.	Consultant Child Psychiatrist (R.H.B.)
Dr.L.Rosenberg, M.D.(Cologne) D.P.M.	Assistant Child Psychiatrist (R.H.B.)
Mr.R.C.Dove, B.A.	Senior Educational Psychologist.
Miss V.M.W.James, M.A.	Educational Psychologist.
Miss J.Emery	Psychiatric Social Worker.
Miss D.Shepherd, M.A.	Psychiatric Social Worker.
Mrs.M.Brittain	Social Worker.

County Oculist (Regional Hospital Board):

Dr.Christina Stoddart, M.B., Ch.B.

County Orthoptist (Regional Hospital Board):

Miss D.L.Mully.

Speech Therapy:

Chief Speech Therapist:

Mr.A.P.Tolfree, F.C.S.T. (part-time)

Assistant Speech Therapists:

Miss K.M.L.Dickson, L.C.S.T.
Miss M.P.Francis, L.C.S.T.
Miss E.I.Osmond, L.C.S.T.
Miss A.Shaw, L.C.S.T.

Audiometrician:

Mr.F.R.Vitoria

Administrative Assistant:

Mr.P.L.Lloyd.

GENERAL STATISTICS.

Number of school children on registers of Maintained Schools 98,079 (1st October, 1956).

	Nursery Schools	Primary Schools	Secondary Schools Grammar	Secondary Schools Modern	Further	Totals.
New School or Department premises opened	-	4	1	1	-	6
Permanent closures	-	1	-	-	-	1
Number of Schools at 31.12.56. County	1	* 183	14	45	2	245
Voluntary	-	180	3	2	-	185
Totals:	1	363	17	47	2	430
Average number of children on School registers in school year 1955-56	37	* 66,749	7,011	21,895	-	95,692

* includes 2 Special Schools and 3 Hospital Schools.

The number of children attending Maintained Schools has increased by over 4,000 in the past year, and by 35,000 since 1946 - a 58% increase in 10 years.

MEDICAL INSPECTION AND TREATMENT.

The number of children examined at periodic inspection (26,066) was substantially higher than in 1955 (22,002) because there were fewer vacancies and less sickness among the medical staff. Even so, the number examined fell far short of the 30,000 or so who were due for examination, so that the number of schools due for periodic inspection during the year, but left unvisited, reached the disturbing figure of 112: seventy-five schools were similarly outstanding at the end of 1955, and these were all included in the 1956 programme. I am glad to be able to say that it has now been agreed to increase the staff substantially.

I have reported in recent years upon the difficulties of finding adequate and suitable accommodation for school medical inspections. These difficulties continue, and it is all too clear that they can no longer be regarded as a temporary problem due to the population "bulge". In Hampshire the school population continues to rise steadily at all ages, and it is essential that more accommodation should be made available for medical inspection purposes. In new schools such provision is made; but in existing schools not only has the accommodation which was formerly available for medical inspection in many cases been taken over for teaching, so that it can no longer be vacated for inspections, but also new classrooms have in some schools been added, providing for an increased number on roll, without releasing the medical inspection room.

Medical inspection in schools is a procedure which is under very critical review, but it is still a statutory duty of the Local Education Authority and is likely to remain so, in one form or another, for many years. It is still the most reliable means whereby illness in school children is detected in its earliest stages, since the family doctor is rarely consulted until disease has advanced to the stage of producing symptoms sufficiently pronounced to impress themselves on the parent; but to be effective school medical inspection requires to be done unrushed in suitable and quiet accommodation. The extension of a school should be regarded as an opportunity to release or provide suitable medical inspection rooms; not only for the doctor, but also for the Nurse, who should be able to discuss each child's health with its parents without other children or parents present.

RESULTS OF INSPECTION.

Results of examinations of school children by the School Medical Officers are shown in the Ministry's Tables at the end of this report.

The percentage of children found to be in need of treatment for defects other than dental disease or vermin (see Table I C) is compared with recent years as follows:-

1948	...	18.5%	1952	...	12.4%
1949	...	19.8%	1953	...	11.8%
1950	...	19.0%	1954	...	14.4%
1951	...	17.5%	1955	...	12.2%

1956 ... 18.1%

There is a pronounced increase as compared with previous years in the recorded figure for the percentage of children having defects needing treatment. This increase, which is seen in all age-groups, is apparent rather than real, and arises from a new instruction to medical officers (following guidance from the Ministry) as to the classification of defects. The Ministry ask that any defect needing treatment, even if already receiving it (e.g. from the family doctor) shall be entered as requiring "treatment" rather than "observation", though from the point of view of the School Health Service it is observation which is required. The effect of this is found in Table II A (which however deals with defects, not children) where it is found that for almost all types of defect, more are entered under "treatment" and fewer under "observation" than last year. The total defects ("treatment" plus "observation") per 1000 examinations are in fact less than in 1955: 704 as compared with 821.

Table II B shows the "physical condition" of pupils examined at Periodic Inspection. This is a new classification introduced by the Ministry of Education; therefore the figures are not comparable with previous years. The change is a welcome one, and the logical outcome of attempts by the Ministry over a number of years to find a single index of the "healthiness" of school children. Before the war an assessment of "nutrition" was called for in four categories, A, B, C, D., "excellent", "normal","slightly subnormal", and "bad". This system was open to three objections - first that "nutrition" implied a state perfectible by proper feeding, whereas the condition that was assessed was compounded of many factors of which feeding was but one; secondly that the concept of a category better than normal implies the acceptance as normal of something less than full health; and thirdly that there was no clear guide as to the

difference between categories B and C, so that Medical Officers differed widely in their assessments. In 1947 steps were taken to abolish the first two of these difficulties: the condition to be assessed was described as "general condition" instead of "nutrition", and the categories were reduced to three, of which A was "good", (i.e. by implication, normal). But the third difficulty remained, and there was no workable criterion for distinguishing between "good" (A) and "fair" (B) general condition, so figures were not comparable as between different medical officers and different Authorities. Now the logical step has been taken, and the categories have been reduced to two - satisfactory and unsatisfactory. (Also the heading has been further altered to "physical condition", which also is logical since mental condition does not enter into this assessment). The point of interest is that the important category has always been the lowest one - whether it was "bad nutrition", or "poor general condition", or, as now, "unsatisfactory physical condition". This group has probably remained comparable throughout, and it is of interest to note that the percentage (.92) of children classified in 1956 as "unsatisfactory" is almost identical with the previous year's figure of .9% for children "poor general condition". These children are almost invariably recommended for some special consideration, such as a period of convalescence, or stay at an Open Air School, or additional milk or free meals, or for special investigation of home management by the School Nurse.

Skin Conditions.

There were fewer skin conditions found in 1956 than in the previous year. The following is an analysis of the conditions found at periodic medical inspection:-

Skin Conditions.

	Treatment.	Observation.
Eczema or dermatitis ...	18	58
Urticaria or allergy ...	13	48
Chilblains	2	9
Psoriasis	8	12
Ichthyosis or dry skin ...	3	54
Naevus	13	50
Seborrhoea	7	13
Acne	57	72
Warts		
Plantar	40	6
Other	39	48
Ringworm	5	2
"Athlete's foot" ...	12	2
Impetigo	10	1
Scabies	2	1
Herpes	3	6
Boils	7	8
Insect Bites	1	6
Injuries and burns ...	4	13
Keloid or other scars ...	0	23
Alopecia	2	3
Other	33	54
	284	489

During 1956, 41 new cases of ringworm in children were reported from various sources, of which cases 9 were of the scalp. Twenty-four of these cases (including four scalp infections) arose in Gosport, the remainder being scattered throughout the county.

The ringworm in Gosport was a continuation of the outbreak reported in 1955. The causative organism was Microsporon canis and it was believed that there was a reservoir of infection in the local cats. Most of the cases were reported in January: halfway through that month a conference was held with the District Medical Officer of Health (who had already conferred with the local doctors and veterinary surgeons) and the Consultant in Diseases of the Skin, and steps were taken to secure earlier and more consistent reporting of cases among school children, followed by thorough contact-investigation by the school nurse. Very few new cases arose after this, and there has been no recurrence in the winter 1956-57.

Plantar warts were found at periodic inspection in 0.18% of children: the majority were in secondary school children, among whom the incidence was 0.27%. One further case was found at a special inspection.

Children treated at the Clinics for skin conditions of all types numbered 201 in 1956 as compared with 276 in 1955.

Defective Vision and Squint.

The incidence of defective vision (other than squint) continues to increase. The percentage of children found at periodic inspection with such defect has increased from 7 in 1948 to 16.2 in 1956.

The analyses, set out below, of the defects found at the Eye Clinics show an increase as compared with the previous year at all school ages, and there is no evidence that any one type of defect is more on the increase than the others. Fortunately there is no reason to suppose that severe uncorrectable defects of vision are becoming commoner, since the numbers of "blind" and "partially sighted" handicapped pupils show no comparable trend.

I Analysis of Defects found at Ophthalmic Clinics in New Cases, 1956.

Age	0-	2-	5-	8-	11-	14-18	5-18	0-18
Squint	50	68	153	47	39	8	247	365
Myopia	-	1	49	100	166	107	422	423
Astigmatism or Hypermetropia	2	19	215	100	128	40	483	504
Other defects	1	5	17	7	15	9	48	54
"No defect"	17	15	80	95	103	47	325	357
Totals:	70	108	514	349	451	211	1525	1703

II Percentages of defects found at School Eye Clinics (age 5-18)

	1954	1955	1956
Squint	16.5	14.3	16.2
Myopia	28.0	30.2	27.7
Astigmatism or Hypermetropia ...	30.2	31.7	31.7
Other	1.6	3.0	3.1
"No defect"	23.7	20.8	21.3
	100.0	100.0	100.0

The significance of these categories has been discussed in previous reports.

Squint, of which I was able to report a reduced incidence last year, has again resumed its upward trend. The incidence in the past ten years has been as follows (per 1000 children examined at periodic medical inspection):-

1947 ..	6.4	1952 ..	19.8
1948 ..	8.5	1953 ..	20.7
1949 ..	12.1	1954 ..	25.3
1950 ..	16.2	1955 ..	17.9
1951 ..	19.4	1956 ..	21.6

There are 14 school Eye Clinics in the County, of which 3 are held in Hospitals.

Summary of Work of Ophthalmic Clinics, 1956.

	New Cases	Re-examinations	Total (1956)	Total (1955)
No. of children seen ...	1409	3067	4476	+3395
Total attendances ...	1409	3600	5009	+3833
Glasses ordered for the first time ...	842	146	988	760
Lenses changed ...	-	1682	1682	1197
Glasses discontinued ...	-	323	323	214
Recommended for orthoptic treatment ...	37	97	134	101
Referred for advice re operative treatment ...	5	31	36	44
Other treatment ...	18	21	39	21

NOTE. - In addition to the above, 643 children called to the School Eye Clinic preferred to have ophthalmic treatment otherwise than at the clinics.

Thirty-six children examined at the Clinics were referred to Ophthalmic Departments of Hospitals. In addition 3 school children not referred by the Oculist, were reported as having had in-patient treatment in Hospitals.

+ The great disparity in these figures compared with 1956 was occasioned by the illness of the County Oculist in 1955.

Glasses.

All glasses prescribed at the Eye Clinics continue to be provided through the Supplementary Ophthalmic Services of the National Health Service (except salvoc splinterless lenses, glasses with a ptosis crutch, and where two pairs of glasses are considered necessary by the Oculist - such glasses are provided by the South West Metropolitan Regional Hospital Board). During the year, 2,670 new prescriptions for glasses were issued.

Orthoptic Treatment.

During the year 134 school children examined at the Clinics were recommended for orthoptic examination and/or treatment. Of these, 86 cases were referred to the Orthoptist and the remainder were referred to the Ophthalmic Departments of Hospitals.

The following is the report of the County Orthoptist who is employed by the Regional Hospital Board and treats both school children and adults in her clinics:-

"The Orthoptic Clinics which were opened towards the end of 1955 continue to run smoothly and as time progresses the number of patients increase in each area.

Winchester. - This still remains the largest centre receiving cases from all the surrounding districts. A larger number of In Patients at the County Hospital have been seen this year, largely due to the co-operation of the Ophthalmic Surgeon in using the very latest procedure in squint surgery. Each patient has a pre-operative report pending admission, and every case receives orthoptic treatment the day after operation. It is also surprising the number of adults who have been referred to the Clinic for diagnostic purposes.

Basingstoke - In February the Clinic moved from the School Health premises to the new Out Patients Department at Basingstoke and District Hospital. This I felt was a very good move enabling the Orthoptist to use the latest and most modern equipment available. The Clinic is rapidly increasing and one can almost foresee that in the not too distant future, with further expansion of the Hospital itself, Ophthalmic In Patient services will be established.

Andover - This smaller but nevertheless busy Clinic still continues happily. Diagnostic work in this area has increased.

Alton - Here there is a continual flow of patients although it still remains the smallest Clinic. It does however give one the opportunity of arranging full-time treatments.

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It has been gratifying this year to find that the various Hospital Consultants are now using the Orthoptic Clinic for diagnostic purposes. In many cases it saves them considerable time and enables the Orthoptist to widen her field, not merely viewing each case from the Ophthalmic standpoint. Full support from the Ophthalmic Consultant has been given upon every occasion. The work is increasing rapidly but is most satisfying".

Defective Hearing

A full-time Audiometrician visits the schools in rotation, testing all children aged 8 or 12 by Group (Gramophone) Audiometer. In addition he tests small numbers of other children referred specially by Head Teachers or as a result of medical inspection. The results for 1956 are shown in the following Tables. All schools other than Infant Schools were visited during the year.

1956	8 yr. old (Born 1948)		12 yr. old (Born 1944)		Total		Grand Total	Specials (selected)		Re-tests	
	B	G	B	G	B	G		B	G	B	G
Children examined by Audiometrician	5091	5058	4476	4417	9567	9475	19042	164	167	252	243
Number with hearing loss of 9 or more Db in one ear	60	44	57	64	117	108	225	66	40	94	113
% " " "	1.18	0.87	1.27	1.45	1.22	1.12	1.18	31.02	20.3	37.3	46.5

The audiometric arrangements together with the periodic medical inspections result in a child's hearing being reviewed at the ages of (approximately) 5, 8, 11, 12 and 14.

The following Tables present an analysis of the degree of hearing loss. Few cases of severe bilateral deafness appear, because such children are for the most part in special schools, and are not covered by the routine audiometry here reported.

A. Children with hearing-loss in one ear only

Loss in Decibels	9	12	15	18	21	24	27	30+	Total
No. of children born in 1948	37	32	5	8	1	-	1	13	97
No. of children born in 1944	31	25	8	8	6	2	3	16	99
Total	68	57	13	16	7	2	4	29	196

B. Children with hearing-loss in both ears

	(a) Children born in 1948 (7)							(b) Children born in 1944 (22)							
Loss in better ear	Loss in worse ear							Loss in worse ear							
	9	12	15	18	21	27	30	9	12	15	18	21	24	27	30
9	2	-	1	-	-	-	-	7	1	1	-	2	-	-	-
12	-	2	-	-	-	-	-	-	4	2	-	-	-	1	-
15	-	-	1	-	1	-	-	-	-	1	2	1	-	-	-
18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

I reported last year than an enquiry had co enced in May, 1955 to endeavour to assess the value of audiometry - in particular to find out whether it discovers a substantial amount of deafness which had not been previously detected. This enquiry still continues, and the position to the end of 1956 is as follows: During the 19 month period, out of approximately 30,250 children tested, 883 were found to have a hearing-loss of 9 or more decibels, and of these 183 were not previously known, by their parents or anyone else, to be deaf. These 183 children were referred for further investigation at Clinic or by family doctor or at hospital, the diagnoses being as follows:-

No abnormality found	77
Wax	41
Diseased tonsils and/or adenoids	12
Acute nasal catarrh	9
Chronic nasal catarrh or congestion	5
Acute otitis media	2
Chronic " "	2
Deafness due to head injury ..	2
Scarring of drum	2
Deafness, cause undetermined ..	2
Perforation of drum	1
Otitis externa	1
Foreign body	1
Congenital deafness	1
(Left county; or investigations still incomplete)	25
Total:	183.

The fact that no defect was found in 77 of these children is regarded as indicating that their hearing-loss on test was due to transient causes, such as a cold in the head, or catarrh: some days, or even weeks, may elapse between audiometry and further investigation. Such transient deafness is of course seldom of any lasting significance, though in a few cases it may be recurrent and thus an educational handicap: these children are all re-tested when next the audiometrician visits the school. Of the remaining children it can be said with confidence that the discovery of the deafness has been to the child's advantage: the majority had defects which have been treated, and those whose deafness is untreatable (in respect of its cause) have been assisted by hearing-aids, if applicable, or at least by a favourable position in class and the recognition of their educational handicap.

Eighty-seven of these children have been re-tested, and 72 had no longer, at the time of test, any significant hearing-loss.

In this inquiry attention has been focussed upon previously unsuspected deafness; but it would be wrong to judge the value of audiometry solely on this finding. It is probable that quite often deafness is found which, though previously known to the parent, has gone untreated or has not been made known to the teachers at school. Further, there is frequently a value in the finding that the hearing is normal: this does not apply to audiometry at the routine age-groups, but rather to the "special" examinations of children in whom deafness is suspected.

The method of audiometry used in Hampshire - "group gramophone audiometry" - is tending to be superseded by "pure tone sweep audiometry". The latter is claimed to be more "scientific" in that the hearing of selected wave-lengths of sound is tested, instead of the human voice: this is a somewhat dubious advantage (since the primary purpose of testing children's hearing is to ensure that they can hear the human voice), but the pure-tone audiometry does appear to have one very real advantage in that it can be applied to 5-year old children.

Thirty-four children attending ordinary schools are known to have hearing-aids. These children's hearing with and without the aid is always tested whenever the audiometrician visits the school; and also the Health Visitors are provided with lists of children with hearing-aids and at their termly "hygiene inspections" they confirm that the aids are worn and appear to be in good condition.

Defects of Speech.

The following information has been derived from a report presented by the Chief Speech Therapist, Mr. Arthur Tolfree, F.C.S.T.:-

Another whole-time Speech Therapist was appointed in July, bringing the establishment up to four, in addition to Mr. Tolfree who devotes six sessions of his time each week to clinical and administrative work for the County Council. The new appointment has made it possible to allocate more time to the Lord Mayor Treloar Hospital School, where the cerebral palsied children in particular need frequent and prolonged speech therapy. Mr. Tolfree comments on the value to Miss Osmond, the Speech Therapist concerned, of the monthly conferences with the physiotherapists and others having responsibility for the treatment of these children at the hospital.

The year's work, including from the beginning of July that done at the Lord Mayor Treloar Hospital School, is summarised in the following tables:-

TABLE I.

		TRELOAR
Clinic sessions held	1801	66
Consultations	348	10
Treatments	8629	328
New cases referred during the year ..	261	10
New cases commencing treatment during the year..	272	11
Continued from 1955	534	
Total children treated	806	
Children discharged	303	
No. on register on 31.12.56		
Boys ...	360	
Girls ...	143	
	503	
Waiting List	99	

TABLE II. Children discharged - Results of Treatment

Reason for Discharge	No improvement	Improved	Speech Satisfactory
Found unsuitable for treatment ...	1	-	-
Failure to continue attendance ...	2	17	-
No further response anticipated ...	-	50	179
Left School ...	1	13	2
Left District ...	7	27	4
Total ... 303	11	107	185

Asthma.

Information was received of 38 children who attended Hospital or special clinics on account of asthma during 1956. There are now 9 such clinics in or near the County which is well covered for this purpose. In addition 7 asthmatic children attended Orthopaedic Clinics for breathing exercises.

I am indebted to Dr.C.B.S.Fuller, Senior Consulting Physician in charge of the Asthma Clinic at the Royal Hampshire County Hospital, Winchester, for the following notes on school children attending his clinics:-

> "During the year 1956, 24 new cases attended for investigation and treatment; of these 5 were girls and 19 were boys and, in addition, there were 141 attendances during the year of old cases who had been seen previously and who came for a follow-up and further treatment of their condition.
>
> Of the new cases, there was a family history of asthma or allergic conditions in 10 giving a percentage of 42.
>
> Six of these new cases required ear, nose and throat treatment for abnormal conditions of their nasal sinuses, septal deformities or tonsils and adenoids.

Skin tests gave positive results in 20 new cases (1 not being done owing to unsuitability at the time) which is 83% of the total.

In the majority of instances, in addition to treating abnormalities which were found, remedial breathing and postural exercises were required for defective costal expansion and bad stance.

As in last year, there was a definite improvement in the frequency and severity of the attacks in each case."

I have also to thank Dr.Maurice Williams, Medical Officer of Health of Southampton County Borough, for the information that 10 children (9 boys, 1 girl) ages ranging from 10 - 16 years, from the County made 19 attendances during the year at the Southampton Borough Council Asthma Clinic. Six of these children have shown considerable improvement, 3 to a lesser degree, and 1 has shown little or no improvement.

A number of asthmatic children have been ascertained as Handicapped (Delicate) Pupils, and the number of such pupils on the register on the 31st December, 1956, was 58; 1 more severe case was ascertained as a "Physically Handicapped" pupil.

Fifteen asthmatic children were recommended during 1956 to attend either an Open Air School or Wedges School, Itchingfield; 11 were admitted to Open Air Schools and 5 to Wedges (these included children recommended in 1955); 1 child was recommended for special educational treatment in ordinary school.

Orthopaedic Conditions.

Particular emphasis has for some years been laid upon good posture and healthy feet in this County, and the "Posture Scheme" has been described in previous reports.

I am indebted to the County Education Officer for the following information abstracted from the report of the Organisers for Physical Education for the year 1956:-

"General.

To the total of 31 new schools (24 Primary and 7 Secondary) opened since 1950 has been added during 1956 six more (1 Secondary Grammar: 1 Secondary Modern and 4 Primary) offering accommodation to 2102 children. The opportunities to children provided by the amenities of these new schools of working, playing and living in good surroundings presents a stimulus and challenge to them which must influence their all-round development.

The opportunities afforded, especially in the new schools, for continuous training in Physical Education, Games, Athletics, Dancing and Swimming throughout their school years, is contributing to the desire to preserve a link, as Old Pupils, with their schools. This activity of adolescents on the playing fields and in the gymnasia is welcome. It is noted that they purchase suitable clothing that is both smart and efficient, that they are knowledgeable in their choice of gear and use showers and similar facilities to the full. This is welcome evidence that their early training, when everything may have been provided for their use, does not sap their sense of individual responsibility at a later stage.

Primary Schools.

Progress in the Physical Education lesson is rarely uniform; it varies from County to County and from school to school. Nevertheless, since the late twenties it has been remarkable and wide-reaching.

A present-day physical training lesson in the schools presents a group of children with well-fed and active bodies, well-dressed before and during exercise, alert and happy in spirit, performing intently a wide variety of activities and movements. All the influences bringing

this about do not originate within the schools. Many families, in their summer holidays, swim, hike, cycle and sunbathe - enjoying exercise and fresh air through camping or caravanning. This has frequently led to a change in parental outlook which makes the work of teachers much easier in the Physical Education lesson.

The contrast, however, between new schools with their spacious halls, light desks and clean playground surfaces and the older village schools, with their lack of modern amenities, emphasises how dependent Physical Education is on facilities.

The provision of new floors, splinter-proof and sealed for bare-foot work, and light stackable furniture makes possible regular physical education lessons in the older schools. It is good to note steady progress in this respect during 1956. Two health habits closely connected with physical education - the use of the toilet and washing facilities - are difficult to train where no water-borne sanitation or piped water supply exist.

Secondary Schools.

The most significant development affecting the Physical Education programme for older boys and girls is, perhaps, the wider field of activities which can now be offered. Refresher Training Courses held during the past year for specialist teachers have emphasised the value of the individual approach and of developing those gifts that most children possess, rather than attempting to produce a single type.

Considerable improvement has already been noted in the understanding of dancing, games and athletic techniques, and a large volume of fixtures, both at inter-school and inter-County level, takes place throughout the year. This enthusiasm, on the part of both children and teachers alike, extends to matches, coaching courses, tournaments and residential festivals held in the school holidays and embracing netball, hockey, rugby, association football and cricket.

The rising standards of performance have been greatly assisted by the continued improvement in the provision and maintenance of playing fields.

The Posture Scheme.

Last year it was reported that an experiment had been initiated in one area of the County in an effort to overcome the problem of the gap in medical inspections at the Junior School stage, when incipient postural defects show themselves. This experiment depended on special training in observation being given to class teachers by the Organisers of Physical Education, and on the co-operation of Head Teachers. They later were asked to send in the names of children who deviated from normal standards of movement and posture in physical education lessons and who appeared to have a postural defect. These lists were passed to the County Medical Officer, who arranged for the School Medical Officers to examine these selected children.

This scheme has now been extended to the whole County and it is pleasing to note that teachers have willingly co-operated in the selection of children. Of the 234 Primary Schools from which lists have been received, 1675 children have been recommended for special inspection; 275 for generally weak posture, 834 for foot defects, 331 for spine defects and 235 for other postural defects of various types.

It is gratifying to report that the second edition of the County publication "Posture-in-the Growing Child" has attracted interest in many parts of the country and abroad. 1,200 copies have been sold to education authorities, training colleges and individuals. A third edition has now been prepared for reprinting. This edition includes work for Secondary Schools in order that School Medical Officers can issue appropriate Home Exercise Cards to children in these schools. This continuity should add to the efficiency and far-reaching effects of the scheme".

CHILD GUIDANCE SERVICE.

Report of the Consultant Child Psychiatrist, Dr.V.L.Kahan.

" Child Guidance Clinics.

1956 has been a year during which there have been considerable staff changes. Dr.Iliff left her appointment, due to ill-health, in December, 1955, and until Dr.V.L.Kahan replaced her in April, 1956, a number of temporary and emergency medical appointments had been made to keep the Child Guidance Clinics running. Miss James joined the School Psychological Service on 3rd April, 1956, to re-place Miss Bucher, the previous Assistant Educational Psychologist. In spite of the changes recorded above which to some extent impaired the Clinic Service, and a settling in period, it will be seen in the general report and figures that more cases were seen this year than last.

566 cases were referred during the year, compared with 496 in 1955. 218 new cases were seen at the Clinics, and 217 were seen at the Remand Homes at the request of Juvenile Benches. Of the 566 cases referred, 296 were seen diagnostically only, and the remainder were considered to need Child Guidance help, varying from intensive psychotherapy, to supervision of their progress while counselling of parents was being carried out.

The Clinics in the north-east of the County, i.e. Aldershot and Basingstoke, have been considerably more active during 1956 than 1955. More cases were referred, and it became more difficult to keep the waiting list down to reasonable proportions, and to ensure that cases are seen within a satisfactory time. General practitioners and Consultants, when they refer cases, expect them to be seen reasonably promptly, within a waiting period comparable with Out-Patient Departments, to which they are accustomed to refer cases for specialist advice.

Andover Clinic. Referrals to Andover Clinic have been relatively unchanged during the year, and are considerably fewer than the customary rate of referral in relation to the number of school children in that area.

Gosport Clinic. This continues to be a very busy Clinic, and one which would benefit from more attention were the staff available.

Petersfield Clinic. This Clinic not only supplies a local need, but in addition serves a large area between Petersfield and the coast. The area north of Petersfield has been dealt with to some extent by the Aldershot Clinic, but the year has shown a need for an additional Clinic to deal with the Leigh Park housing estate.

Eastleigh Clinic. There has been an increase in the number of cases referred, and requiring treatment at this Clinic. The Probation Service has found the Clinic helpful, and a high proportion of the patients attending it have been referred by the Probation Officer.

Lymington Clinic. The pressure of work at this Clinic has been very much at the same level as in the previous year, both in number of cases and types of referral.

Winchester Clinic. This continues to be a busy one, especially as it is from this Clinic that much work with the Paediatric Department of the Royal Hampshire County Hospital, the Winton House Approved School, and Red Hatch and Ashbourne Lodge Remand Homes, is done.

This report is being written following time to study the Underwood Report on the Maladjusted Child. This was published in November, 1955. It gives an analysis of the serviees available for the maladjusted child. It makes suggestions as to how these services can satisfactorily be co-ordinated and put into effect. It points out that "Child Guidance Services" comprise Child Guidanee Clinics, the School Psychological Services, and the School Health Service, and emphasised the need for them to work in elose conjunction, while clearly seeing that each one of them contains its own responsibilities.

The Report points out that it is essential for the Child Guidance Clinic to have the services of Educational Psychologists as integral members of the Child Guidance Team. It goes on to state that a close relationship of this sort also not only leads to good liaison between the clinic and the schools, but also widens and informs the Psychologist's attitudes in his role in the School Psychological Service which is non medical. It is hoped in the next year that the break away of the Psychologists from the Clinic noted in the Psychologist's report of 1954, and which has had unfortunate repercussions during 1956, will be corrected in the near future.

During the year 21 children were referred for encephalographic examination.

In addition to the general clinical responsibilities which form the greater part of the Child Guidance Clinics' work, the Clinics have the responsibility of ascertaining the needs of maladjusted pupils, who, for their personal, social or educational re-adjustment, require special day or residential education. This is a duty placed upon them by the Handicapped Pupils' and School Health Regulations. The number of children,classified as maladjusted only, away in residential schools or hostels on 31st January, 1957, was 19, or approximately 1 to every 5,000 of the school population. * The average figure for areas comparable to Hampshire for this type of treatment of maladjusted children, is 1 to 933. There is evidence at the Clinics that the children of Hampshire are in greater need, in the absence of special day provision, of residential treatment, than the current figure suggests, and that this provision of the Handicapped Pupils' regulation is insufficiently used.

Since May, Dr.Kahan has been Psychiatrist to Winton House School. This has led to his spending weekly or fortnightly sessions there, in which not only have individual children been treated, and the staff advised on their management within the school, but in addition, a course of lectures has been given to the staff. These lectures were also attended by the Chairman of the Management Committee and the School's Chaplain.

There has been a healthy relationship between the Child Guidance Clinics and the Paediatric Departments of the Hospitals in the County and surrounding districts. Good contact, at both formal and informal levels has been maintained with the Hampshire Children's Department.

During the year, Southampton University has re-started sending students in social studies to attend the Clinics. One attended Basingstoke Clinic, and the arrangements have been made to continue to receive others in 1957.

* There were a further 7 children classified as having "dual" handicaps and 1 child in a Day Special School.

It is the happy duty of the writer to conclude this report by thanking both the professional and clerical staffs of the Clinics for their hard work and the ungrudging way they gave their time when normal hours of service were insufficient for the task in hand."

Senior Educational Psychologist's Report.

" The School Psychological Service.

Although it is convenient to distinguish the field of activities in a School Psychological Service as a particular aspect of Child Guidance Services as defined in the Underwood Report, it retains its link with the medical and psychiatric branches of the Service. As this has been already considered in the Psychiatrist's report, it leaves one free to underline some of the more important aspects of the Service in so far as it makes a contribution to education and the schools.

The School Psychological Service is primarily an educational service, and seeks to adapt the principles of Child Guidance to the needs of both pupil and teacher. To be effective it must establish itself in the confidence of the educationalist and the teacher, by becoming a source of useful creative information and guidance to the teacher on whom ultimately the fulfilment of a child's personality and potentialities depend.

Therefore the School Psychological Service is endeavouring to encourage the attitudes of Child Guidance, already familiar in the clinic, in the social and educational setting of the schools themselves. Not only does this place an essential and hitherto somewhat neglected emphasis on the child as a social personality, but it encourages teachers to apply their natural aptitude for dealing with current problems of personality and situations as they arrive. It takes the sting and the restriction out of 20th century expertise, and helps to re-establish confidence in common sense and human relationships.

The success of this work is reflected in the growing numbers of referrals to the Service, in the quest for remedial teaching and demand for psychological help by teachers who are encouraged by being actively supported in their own efforts. Of the 808 referrals listed, 396 or practically 50% were referred personally by teachers. The difficulties for which the vast majority of these were referred have been resolved by teachers themselves. Some have been given psychological support and a small number transferred for psychiatric opinion.

In addition, the general preventative and educational roles of the psychologists have been increased. The County Psychologist lectures and examines students for the Education Diploma in Southampton University, and has conducted lectures for Exeter, Reading and London Universities in the "Treatment of the Maladjusted Child in School". Parent/teacher meetings have increased in number.

As the knowledge and acceptance of the School Psychological Service grows in the schools themselves, the distinctive contribution of the psychologist is likely to turn more to fuller participation in the schools both with respect to individual children and to groups."

The following is an analysis of the work undertaken during 1956 compared with the two previous years' work:-

	1954	1955	1956
A. Work in Schools			
Children referred to the Psychologist for school investigation	551	591	808
Number seen	376	416	470
Backlog of referrals	521	696	1034
Number of school visits on clinic cases	125	118	117 (approx)
B. Clinic Interviews			
Number of children interviewed and tested in clinics	198	217	172
Number seen by Psychologists, or by Psychologists and P.S.W.'s jointly	94	88	100
C. Remand Home Work			
Number interviewed and reported on for Courts	139	156	160
TOTAL number of children seen in all circumstances	932	995	1019
D. School surveys for backwardness ...	8	4	5
E. Extra Activities.			
Lectures to Parent-Teacher Associations and other organisations	12	22	17
Teachers' Courses (Lectures) ...	9	8	14

Summary of the work of the Child Guidance Service.

I.	Cases carried on from last year		627
	New Cases referred during the year		566
	Old cases re-opened		65
			1258
	Number of cases closed during year		574
	Number of cases carried forward to next year:		
	Cases under investigation or treatment on 31.12.56	635	
	Cases awaiting investigation	49	
			684

II. Sources of Referral

County Medical Officer, School Medical Officers, etc.	107
Juvenile Courts	173
General Practitioners	71
Educational Psychologists	59
Hospitals	37
County Children's Officer	25
Parents	23
Probation Officers	10
Head Teachers	9
Other Child Guidance Clinics	9
Warden, Horseshoe Lodge, Warsash	8
Speech Therapists	5
County Education Officer	4
Medical Officer, Remand Home	4
County Medical Officer, Kent	3
Army Psychiatrist	3
Miscellaneous	16
	566

III. Reasons for Referral

Nervous disorders	62
Habit disorders and physical symptoms	110
Behaviour disorders	240
In need of care and protection	61
Educational and vocational guidance	38
Advice re placement	20
Breach of probation	7
Retarded development	6
Personality disturbance	6
Assessment of intelligence	4
Psychotic behaviour	2
Suspected organic disease	1
Advice to foster parents	1
Attempted murder	1
Unlawful wounding	1
Arson	1
Special report	2
Unclassified	3
	566

IV. Number of children seen by Psychiatrists during year at Clinics.

Number of new patients seen	218
Number of new cases taken on for treatment	139
Number of other cases seen for treatment or supervision	126
Total number of attendances by children	1707
Number of home visits paid by Psychiatric Social Workers and Social Worker	888

V. Remand Homes.

217 children (117 girls and 100 boys) were seen at the Remand Homes for the following reasons:

Larceny	77
In need of care and protection	61
Beyond control	21
Breach of recognisance	11
Breaking and entering	10
Non-attendance at school	10
Indecent assault	7
Behaviour problem	3
Wilful damage	2
Miscellaneous	15
	217

VI. Disposal of Cases

Total cases closed			509 *
No treatment - consultation and recommendation to Courts		183	
Consultation and advice only		114	297
Discharged after treatment:			
	Satisfactory	6	
	Improved	85	
	Some improvement ...	23	
	Unsatisfactory ...	17	131
Discharged after supervision and advice:			
	Satisfactory	2	
	Improved	5	
	Some improvement ...	1	8
Transferred			38
Moved away			15
Unsuitable for Child Guidance			20
			509

* A further 65 cases were referred and were withdrawn without investigation on account of failure to attend, spontaneous improvement, etc.

THE SCHOOL DENTAL SERVICE.

Report of the Principal School Dental Officer, Mr.C.C.Chadwick.

"Dental Staff.

Authorised Establishment (as on 31.12.56).

1 Principal School Dental Officer.
26 Dental Officers.
1 Medical Anaesthetist.
1 Oral Hygienist.
27½ Dental Attendants.

The Staffing position improved slightly during the year rising to a total equivalent of 21.3 Dental Officers compared with 20.63 last year and 18.61 in 1954. This includes the services of 10 part-time Dental Officers equivalent to those of 3.7 full-time Dental Officers (1872 sessions worked) compared with 12 part-time Dental Officers last year equivalent to 4.78 full-time Dental Officers.

Unfortunately the increase does not cover the increase in the total school child population in the County during the year. The practice of using Medical Anaesthetists to replace dental officers, when practicable, continued during the year; in all they attended for 205 sessions, 37 more than in 1955. The total number of cases attending for general anaesthetics by both Medical and Dental Anaesthetists increased by nearly 400 to a total of 10,746 attendances.

The allocation of Dental Officers' time between their duties for the Local Education and the Local Health Authority was as follows:- (the figures in brackets show the proportion in 1955).

	1956	
Education (school children)	96.4%	(98.38%)
Health	3.6%	(1.62%)

Oral Hygienists.

In February a full-time Oral Hygienist was appointed to help the part-time Oral Hygienist already on the staff, and consequently the total return of work shows a considerable increase. It is a pity that more Oral Hygienists are not available to help not only with the clinical work but also in the "pre-schooling" of nervous children preparatory to receiving full dental treatment, in teaching correct oral hygiene and in helping with the Dental Health Education propaganda throughout the County.

The details of the actual work carried out by the Oral Hygienists are as follows:-

Number of Sessions (half days)..	596
Time devoted to Dental Health Education	229 hours.
Patients:	
Number children treated	1376
Number children whose treatment was completed	1343
Number discharged as failing to complete treatment	61
Attendances	2720
Appointments not kept	604
Treatment	
Scaling and Polishing	2720

Dental Inspection.

During the year 58102 school children were inspected and 44293 (76.2%) found to require treatment, 42,408 (72.9%) were offered treatment from the County Dental Service, and 29,198 (68.8%) actually treated.

There remained, as in recent years, a part of the County area which was "uncovered" for dental treatment and where regrettably only emergency treatment for the relief of pain was available for some 23,000 children.

Even in the "covered" areas it was not possible to examine all the children during the year. The interval between school dental inspections in these areas varied between 11 and 21 months and on average was 15 months. This is far too long if dental decay is to be detected in its initial stages so that early and successful treatment can be given. Priority has been given to primary schools.

The main cause of this long interval is that most County Dental Officers' Areas are too big to permit more frequent inspections. The position is further complicated by the increased incidence of caries

amongst children of all ages during recent years due largely to the unnecessarily high consumption of sweets, biscuits, lollies etc; this has probably also been the cause of the large number of "specials" attending for treatment this year; these number nearly 4,000, an increase of 25% on last year. Most of the "specials" were either children seeking treatment between routine school inspections or children from "uncovered" areas and both frequently suffered some degree of toothache. The treatment of a large number of these cases must obviously extend the interval between inspections.

The solution to this problem is to reduce the number in each dental officer's area to between 3,000 and 3,500 (in several areas it is now over 4,000). In a few areas where the local rate of acceptance of treatment under the County Dental Service is very high the number should be reduced to an even lower figure so that in each area all the children can be examined at least once each year.

It is gratifying to note that in the areas where treatment is offered under the County Dental Service the rate of consent for treatment remained consistently high at 68.8% in spite of the present difficulties.

The following Table shows the details of the Dental Inspections carried out during the year:-

	Age 5 and under		Age 14		No.children 14 years old with		All other ages		Total		
	Number inspected	Number found to require treatment	Number inspected	Number found to require treatment	Full natural dentition (See note (c) below)	Sound dentition as result of treatment (See note (d) below)	Number inspected	Number found to require treatment	Number inspected	Number found to require treatment	Consenting to treatment
	5260	3826 (3593)+	2836	1962 (1908)+	147	730	45977	34529 (32929)+	54073	40317 (38432)+	65.6%
"Specials" at Clinics (see Note (b) below)	418	415 (415)+	74	73 (73)+	–	1	3537	3488 (3488)+	4029	3976 (3976)+	99.4%
Total	5678	4241 (4010)+	2910	2035 (1981)+	147	731	49514	38017 (36417)+	58102	44293 (42408)+	68.7%

+ Number of children offered treatment shown in brackets.

Notes:- (a) Columns headed:- "Number found to require treatment". This figure is the number of children who are not 100% dentally fit. They include some children for whom treatment is not immediately necessary.

"Number offered". This figure is the number of children who would be referred for treatment, whether or not consent is given.

"Consenting to treatment". This figure is the percentage of those offered treatment.

(b) Not previously inspected during the year. The inspection of "specials" at Clinics is usually at the instance of parents, hence the proportionately higher acceptance of treatment than at the Routine Inspection in schools.

(c) With complete permanent dentition (as far as has erupted) with no caries or fillings except in so much as non-carious teeth have been extracted for orthodontic reasons, e.g. first bicuspids or lost through an accident.

(d) With conservative treatment but with no permanent teeth lost other than those lost through orthodontic treatment or through accident.

DENTAL TREATMENT

RETURN OF WORK FOR YEAR 1956

Class of Patient	Number actually treated	Total attending for treatment	Number N_2O and Vinyl Ether Cases	Number of Teeth Filled		Number of Fillings		Extractions				Other Operations							Attendances for	
								Caries		Orthodontic		Silver Nitrate		Other		Root Fillings	Scaling and Cleaning See (a) below	Gum Treatment See (b) below	Dentures See (c) below	Reg. Appliances
				Per.	Temp.	Per.	Temp.	Per.	Temp.	Per.	Temp.	Per.	Temp.	Per.	Temp.	Per.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Ordinary School Children	29,168	63,187	10,737	32,252	7,960	36,229	8,182	4,863	21,275	749	1,025	804	8,987	3,878	2,140	158	3,199	853	391	4,319
Special Schools	30	54	9	15	4	16	4	16	17	4	2	—	—	—	2	—	—	—	2	—

Notes:

(*a*) Scaling and Polishing—same principle as for Gum Treatment. When Scaling has been done, the polishing of the teeth does not count as a separate operation; neither does polishing of a filling.

(*b*) Gum Treatment—one operation if confined to the maxilla or mandible regardless of the number of teeth concerned; two operations if work carried out in both jaws.

(*c*) Regulation and Denture Work—is not operative work but is entered in Columns 20 and 21 for convenience only. Each atendance at which work is carried out is recorded also in Column 3 and Column 2 when applicable.

Sessions:

School Inspections	476
Clinic Treatment (all patients)	8,424
Anaesthetist—Dental Officers	518
Medical Officers (part-time)	205

Allocation of "CLINIC TREATMENT" Sessions:

Ordinary School Children	8,134
Special School Children	7
Children under School Age	195
Expectant and Nursing Mothers ...	77
Mental Health	11

Dental Treatment.

Orthodontic Treatment.

From the Returns of Work for the year 1956 (shown on the preceding page) it will be noted that the number of orthodontic cases under treatment by the County Dental Officers has increased very considerably to a total of 760 (4,328 attendances) compared with 525 (3,149 attendances) last year. There is also a considerable waiting list of cases in most areas.

The treatment of these orthodontic cases has been carried out, as in previous years, by the County Dental Officers in all except a very few complex cases (about 20 in all) who were referred to Consultant Orthodontists for treatment. In addition about 50 cases were referred for Consultant's opinion either to Mr.J.Hooper, Royal Victoria Hospital, Boscombe, Dr.N.L.Rowe, Plastic and Jaw Unit, Rooksdown House, Park Prewett Hospital, Basingstoke, or to Professor F.Ballard, Eastman Dental Hospital, London, whose assistance and guidance have been greatly appreciated by the dental staff.

Much more use of Consultants' treatment and advice could have been made, had the distances not been so great which the patient and parent had to travel when visiting the Consultant at a Hospital, usually outside the County boundary. There is no doubt that the best solution for the treatment of complex cases, and for providing advice for the County Dental Officers on the treatment of less complex cases would be the appointment of a Consultant who was able to visit the Main County Dental Clinics personally.

The recent appointment by the South West Metropolitan Regional Hospital Board of a Consultant Orthodontist to the Portsmouth area will not be of much material help in providing treatment for cases from this Authority in that the great majority of cases treated will be from the Portsmouth Local Education Authority and the general dental practitioners in the immediate area.

State of Permanent Teeth of Children aged 14 and the Filling/Extraction ratio in permanent teeth.

In previous Annual Reports figures have been included showing the changes since 1948 of the permanent teeth of children at the age of 14, and the filling/extraction ratio in permanent teeth. These are compared with the figures for 1956 as follows:-

(i) Percentages of children at the age of 14 years found to have (a) full natural dentition and (b) sound permanent dentition as the result of treatment.

1948		1949		1950		1951		1952		1953		1954		1955		1956	
a	b	a	b	a	b	a	b	a	b	a	b	a	b	a	b	a	b
11.7	21.5	12.9	23.1	17.3	20.3	13.6	16.7	10.3	15.6	10.4	17.6	7.9	25.7	5.9	19.9	5.0	25.1
Total of 33.2 a & b		36.0		37.6		30.3		25.9		28.0		33.6		25.8		30.1	

(ii) Proportion of Permanent teeth filled to those extracted for caries.

1948	1949	1950	1951	1952	1953	1954	1955	1956
7.6	6.9	6.8	6.6	6.1	7.7	8.0	5.8	6.6

It will be seen that the percentage of children aged 14 found to be dentally fit at the dental inspection (30.1%) showed an improvement on last year, and in (ii) above the filling/extraction ratio had improved also.

It is also very satisfactory to note that the number of fillings inserted in permanent teeth has increased by 569 and in deciduous teeth by 322 whereas the number of extractions on account of caries of both permanent and deciduous teeth has fallen by 468 and 840 respectively. In all other branches of the work satisfactory progress has been made also.

The details of the other work carried out by the Dental Officers during the year are shown also in Table III at the end of the Report of the Principal School Medical Officer.

Clinic Premises.

A Dental Clinic has been opened at Ringwood where previously the Dental Officer worked in the local Church Hall with portable equipment. The new premises which were converted from part of the first floor flat form a pleasant Surgery, Recovery Room and Waiting Room and will greatly improve the facilities in this town.

Mobile Dental Trailers.

The six Mobile Dental Trailers operating in the County provided facilities for the treatment of children attending rural schools and also in those Urban areas where there were no adequate permanent clinic facilities.

Conclusion.

In closing my Report I express the hope that recruitment to the County Dental Service will continue and that we may soon reach our full establishment, but I fear that in 1958 when the anticipated resignations take place among the General Dental Practitioners after the completion of 10 years in the National Health Service, the staffing position in the School Dental Service may become more serious than in the bad period between 1949 and 1951.

Finally I should like once again to express to members of the Teaching Staff of the Authority the appreciation of the County Dental Staff for their co-operation and help during the year.

CONVALESCENCE.

During the year 22 children (11 boys, 11 girls) were sent for convalescence of an average duration of slightly over 3 weeks following illness or operation. The children were referred by Hospital Doctors (4), by General Practitioners (14), by Psychiatrists (2), and by School Medical Officers (2).

Children were referred for the following reasons:-

Following illness at home	13
" in-patient hospital treatment ...	4
Mismanagement or poor home conditions ...	2
Following out-patient hospital treatment ..	3

All these children were followed up by school nurses after their return as in previous years, and in addition they were examined as "specials" at the next School Medical Inspection.

INFECTIOUS DISEASE.

(a) Notifications of Infectious Disease in Children aged 5-14.*

Diphtheria	Nil	Meningococcal Infection	2
Scarlet Fever	228	Infantile Paralysis	12
Whooping Cough	462	Encephalitis - Infective	Nil
Measles	1,384	Post-Infectious	1
Erysipelas	4	Paratyphoid Fever	Nil
Pneumonia	23	Dysentery	130
		Tuberculosis	31 (aged 5-16)
		Food Poisoning	43

* Includes children attending private schools.

(b) Non-notifiable Infectious Disease reported by Head Teachers.

German Measles	378
Mumps	340
Chicken Pox	1105

The year 1956 was a satisfactory one so far as infectious disease in school children is concerned. It was an "off" year for measles, so regularly and inexplicably biennial, and there was no serious epidemic of any disease. The three common non-notifiable virus diseases of children - German measles, mumps and chicken pox - were as always a nuisance rather than a serious threat to the public health: German measles affected more children than in most recent years, the majority of the cases occurring in outbreaks in Eastleigh during the second quarter of the year and Romsey in the third.

In September, following receipt of a joint memorandum from the Ministries of Education and Health, revised advice was sent to Head Teachers as to the exclusion of children suffering from or exposed to, infectious disease. The main alterations were the discontinuation of exclusion of contacts of scarlet fever and measles, and the reduction of the period of exclusion of children who have had measles from 14 to 10 days provided the child is fully recovered. These changes continue the policy of recent years, which is to reduce school absence on account of infectious disease to a minimum, and they reflect the increasing mildness of the diseases concerned and also the fact that automatic exclusion of contacts has not been found in practice to prevent the spread in schools of these illnesses. This general guidance to teachers is of course overruled by the advice of the District Medical Officer of Health if particular circumstances require it.

Scarlet fever remains mild and relatively infrequent, but the disease is one which, for reasons given in my last report, it is considered necessary to watch closely. An outbreak affecting 36 school children (as well as a number of adults and pre-school children) occurred in the schools in the Lyndhurst area in October and November. This outbreak was centred upon a residential Children's Home from which the children attended the schools, and it appeared at one stage likely to develop explosively in the Lyndhurst Primary School (about 260 on roll). It was therefore arranged, in co-operation with the District Medical Officer of Health, for all the children in the Home to have their noses and throats examined for haemolytic streptococci and at the same time all children at the Lyndhurst Primary School in classes in which cases had arisen were examined, and swabs taken of children showing any signs of nose, throat or ear sepsis. All children harbouring haemolytic streptococci were excluded from school until three negative swabs were obtained, as also were children who had had the disease. These arrangements were completed in the last week of October, after which only two further cases occurred in the Primary

School, making 13 in all, though there was a considerable prevalence in the district until the end of the year.

Again, for the seventh successive year, there was no case of diphtheria in a Hampshire school child. In 1956, 1044 children of school age were immunised for the first time and 9356 were re-immunised.

Infantile Paralysis. There were 12 cases among school children during 1956. Five of these suffered no paralysis: of the 7 paralytic cases, 4 recovered fully and 3 were left with residual paralysis. No school child died of the disease. A comparison with recent years is shown in the following Table:-

INFANTILE PARALYSIS.

	No residual paralysis	Some residual paralysis	Died	Total
1948	5	4	1	10
1949	14	11	2	27
1950	8	11	1	20
1951	2	1	1	4
1952	3	13	Nil	16
1953	11	9	2	22
1954	4	1	Nil	5
1955	32	9	Nil	41
1956	9	3	Nil	12

I reported last year (1955) that of the forty-one children who had had poliomyelitis during the year, nine had some residual paralysis. These nine children have now been followed up to determine the extent of their disability after a period of approximately 18 months from the time of illness: it may be assumed that there will be no significant recovery of paralysed muscle after this interval, though some further functional improvement by the compensatory use of other muscles may still be possible. One child has gone abroad: the remaining eight are all in good general health, and attending ordinary schools. Three have no apparent paralysis: three have weakness of one leg or foot, and are able to walk fairly well with a caliper: one other drags his right foot a little and also has some weakness of the right arm: and one has some weakness of the abdominal muscles and tends to tire easily.

During 1956 the Ministry of Health introduced the new vaccine for immunisation against poliomyelitis and it was offered for the vaccination of children born in the years 1947 to 1954. Owing to the small quantity of vaccine available, it was possible to deal with only a small proportion of the children for whom parents had made application. Vaccinations were carried out during the months of May and June and a few second injections which were not given during the summer were given during December. In Hampshire 967 children were vaccinated against poliomyelitis during 1956, of whom 468 were of school age.

There were three outbreaks of Sonne dysentery affecting schools during the year. The first, in February, March and April, at Tidworth, appears to have been centred upon the Garrison, where 56 cases were notified, including 26 children of school age. Most of these children attended the County schools. There is no evidence as to the extent to which the illness was spread within the school, but the investigation did point to the need to improve the handwashing facilities for the children.

A protracted outbreak in May, June and July in Farnborough appears to have been centred upon the South Farnborough County School. Of the 49 cases notified, 34 were in school children, the majority attending this school. There were approximately 352 children on roll, and the cases were spread out over a period of 6 or 7 weeks despite the fact that the facilities for hygiene there appeared to be good.

An outbreak of Sonne dysentery centred on the Lyndhurst Primary School (approximately 260 on roll) in June and July involved 35 people of whom 20 were children attending this school. Here the sanitary and lavatory facilities were far from satisfactory and it was considered necessary to exclude symptomless or convalescent excretors until three negative stools had been obtained (a practice not adopted in this County where school hygiene is considered satisfactory), to supply paper towels, and to keep the children's nail brushes soaked in disinfectant. The effectiveness of these procedures cannot really be assessed, as they were applied only within the last 2 - 3 weeks of term: seven new cases arose during this time: there was no recurrence in the autumn term.

An outbreak of suspected food-poisoning occurred at the Sway Primary School (approximately 140 on the roll) on 28th June, when 29 children were absent with abdominal pain, vomiting, and in a few cases diarrhoea. Since all the children had had school dinner, and no cases were reported among home contacts, it must be presumed that the illness was attributable to this meal. It was, however, a container meal, and no children were affected in other schools supplied from the same kitchen. There were no food residues available for bacteriological examination; and no organism was recovered from the vomit or faeces of the eight affected children, from whom specimens were collected.

No other outbreaks of unequivocal food-poisoning occurred in County Schools during the year, though information was received of one such outbreak in a private school; this was attributed to staphylococcal toxin and affected 35 boys and six members of the staff.

During the latter part of January, a number of children at the Havant Primary School, nearly all in the lower four classes, were absent, and on inquiry many were stated to have vomited in the night: there was no diarrhoea; some of the children developed "colds" following the vomiting. Some only of the affected children had school dinners; and it was not considered that the evidence warranted the conclusion that the children had food-poisoning.

Tuberculosis.

Thirty-one children of school age were notified during 1956 as suffering from tuberculosis: 16 had pulmonary disease and 15 non-pulmonary. No children died of the disease during the year. The incidence in recent years, and the distribution of the disease by age, sex and site is given in the following Tables. (All figures relate to children of school age including those attending private schools).

I. Incidence in children aged 5-16 in past nine years (primary notifications)

Year	Pulmonary	Non-pulmonary	Total
1948	20	33	53
1949	27	37	64
1950	27	48	75
1951	19	35	54
1952	29	20	49
1953	41	46	87
1954	30	27	57
1955	29	15	44
1956	16	15	31

II. Age and sex 1956

Age Group		5	6	7	8	9	10	11	12	13	14	15	16	Total
Pulmonary	Male	1	2	2	1	-	1	1	-	1	-	-	-	9
	Female	1	1	1	-	-	-	-	-	1	1	1	1	7
Non-pulmonary	Male	-	1	-	-	-	1	-	-	1	1	-	-	4
	Female	2	1	2	1	1	-	-	1	-	1	2	-	11
Total all groups		4	5	5	2	1	2	1	1	3	3	3	1	31

III. Site of Disease 1956

	Male	Female	Total
Lungs	9	7	16
Glands, cervical	2	7	9
Bones and joints	1	1	2
Skin	-	1	1
Abdomen	1	1	2
Meninges	-	1	1
Total: ...	13	18	31

As in previous years, investigations were carried out at all schools where a child or teacher had been notified as suffering from tuberculosis in a communicable form, or for which there was no presumed source of infection outside the school. Eight such investigations were made in 1956, leading to the discovery of one case of active tuberculosis in a canteen worker, and one case of active and two of healed tuberculosis in school children: also one case of pneumonitis.

The vaccination with "B.C.G." of 13-year old school children was continued on the same lines as in the previous year, the scheme being confined to the south and south-east part of the County area, in Secondary Schools from which leavers normally proceeded to employment in the County Boroughs of Portsmouth and Southampton. Unfortunately, owing to staffing difficulties consequent upon the introduction of poliomyelitis vaccination during 1956, it was not found possible to visit all the secondary schools in the area of the scheme during the year. Those schools not visited during 1956 are being dealt with early in 1957. The work is summarised in the following Table:-

B.C.G. Vaccination in 12 schools.

(a)	Number of children offered vaccination	2004
(b)	" " " accepting vaccination and tuberculin-tested	1467 (73.2% of (a))
(c)	Tuberculin-positive	252 (17.2% of (b))
(d)	Vaccinated	1166

It is hoped to extend the scheme to cover the whole county in 1957.

Dr.M.E.Moore, Chest Physician, commenced in the Autumn term in a limited area (Totton, Hythe and Blackfield) the tuberculin-testing of school entrants as a case-finding procedure. Children who are tuberculin-positive at age 5 are likely to have contracted

their infection at home, either through drinking infected milk or through contact with an infected adult; and work on similar lines in other parts of the country had shown that by investigating the home-contacts of such children previously unsuspected infectious cases may be found. Dr.Moore offered the test to 120 children; the parents consented in respect of 106 of them - and all were tuberculin-negative. This is of course a highly satisfactory result, albeit a "failure" as regards finding new cases of tuberculosis, and in particular it indicates the safety of the milk-supply for the past five years in this area.

VERMINOUS CONDITIONS.

In 244,532 inspections, 548 individual pupils were found to be infested with head-lice. This represents .57% of the school population, an increase over the previous year: this increase has occurred among the younger children. The age and sex distribution is shown in the following Table:-

School Groups	No. on Register	Total found verminous for the first time during year ("Nits" with or without lice)					
		Boys		Girls		Both Sexes	
		Number	%	Number	%	Number	%
Primary or Nursery School Children	66,786	106	.32	327	.98	433	.65
Secondary School Children	28,906	10	.07	105	.73	115	.40
All ages	95,692	116	.24	432	.90	548	.57

NOTE. - These percentages are based on the assumption that there are equal numbers of both sexes on the Registers.

The number of schools (excluding Grammar Schools) in which no child was found with head infestation during the year was 237, as compared with 248 last year.

Only 5 cases of scabies were reported during the year, and no cases of infestation by body or crab-lice.

HANDICAPPED PUPILS.

During the year 697 children were ascertained for the first time to be in need of special educational treatment on account of physical or mental handicap, and on the 31st December there were 2,764 such children on the register - 2.8% of the school population. (See Table on page 37).

The special educational treatment provided involved modification of the curriculum in the ordinary school, or teaching in a special class, a special school, a hospital or the child's home.

The Hampshire Education Committee provide one special school (Lankhills, Winchester), for 101 educationally subnormal boys and girls aged 10 years and over; another (St.Thomas', Basingstoke), for 45 deaf boys and girls between 8 and 12 years, and they are responsible for 3 Hospital Schools. Apart from these, there are no special schools provided by the County, and handicapped pupils

in need of special schooling were placed, so far as vacancies could be obtained, in schools provided by other Authorities or by voluntary or private agencies.

Twenty-seven handicapped pupils were receiving home tuition on or about 31st January, 1957, and 135 received tuition in Hospitals other than the 3 Hampshire Hospital Schools during the year. Included in the latter figure are 28 children who were taught in Rooksdown House, Park Prewett, Basingstoke: these are plastic operation cases and regular evening tuition is given but it is not a recognised Hospital School.

Hospital Schools

Hospital School	Type of case chiefly dealt with	No. of H.C.C. children attended during year
Bursledon Annexe to Southampton Children's Hospital	General long-stay cases	79
Lord Mayor Treloar Hospital, Alton	Orthopaedic cases	265
White House Sanatorium, Milford	Tuberculosis	23

In October, following receipt of the Ministry's circular on the education of patients in hospital, a meeting was held with representatives of the Regional Hospital Board to review the arrangements in the county. As a result it is agreed that a teacher will be made available to children in the Paediatric Unit of the Christchurch Hospital: with this exception it appeared that arrangements were already adequate to ensure that any child staying in hospital sufficiently long to benefit from education receives it.

Many handicapped pupils require care and supervision after leaving school. Particulars of all children whose handicap is such as to warrant continued supervision are passed to the County Welfare Officer, and also the attention of the Youth Employment Officer is particularly drawn to them. The lower-grade educationally subnormal children are usually reported to the Mental Health Authority (under Section 57(5) of the Education Act, 1944) and supervised by that Authority: 16 children were so reported during the year.

A number of young deaf and partially deaf children were provided during the year with very light-weight hearing-aids, a result of modern developments in amplifying equipment which have dispensed with the need for heavy batteries. To young children these aids present a great advance on the Medresco aid provided through the National Health Service. Among the children who left special schools during the year were one deaf and three partially deaf children whose mothers contracted German measles during pregnancy in 1940: this particular epidemic was exceptionally productive of deafness due to maternal rubella.

Thirty-two delicate pupils were admitted to special schools for a term or more during 1956. In addition 41 attended Wedges Camp School, Itchingfield. It is with regret that I record the closure of this school at the end of the year. It has served a very useful purpose for the placement of children whose physical or psychological

condition, or whose home circumstances, made a period of residential schooling advisable. Most of these children were not ascertained as "delicate pupils", and the school was not recognised as a special school. Most of them were "below par" physically, but their need was for an ordered, active regime, with plenty of exercise and good food, and a full educational curriculum. The essential difference between Wedges and a special school for delicate pupils is that the special school gives work, exercise, rest and food graded to meet the child, and has a "protective" atmosphere; while at Wedges the child had to be able to "take" what the school gave - and in nearly every case did so and flourished mightily. Asthmatics in particular did well; so did children whose home care was poor so that they lacked good food and sleep; and so also did quite a number who, though not classified as "maladjusted", were nevertheless the victims of emotional tension arising from their home conditions. The school undoubtedly served these children well: yet the fact remains that the number of children referred for admission diminished progressively until the school became an uneconomical proposition, and it is to be hoped that this represents a true diminution in this type of disability.

As in previous years, children delicate by reason of diabetes were reviewed to see whether they would benefit from a holiday organised by the Diabetic Association. There were in fact only three such children, none of whom were in need of special holiday arrangements.

One epileptic child was sent for a holiday organised by the British Epilepsy Association.

Of the 135 children who are ascertained as Physically Handicapped,(March, 1957), no less than 82 are afflicted with cerebral palsy. Fifteen of these attend ordinary schools, where they receive special educational treatment, 39 are in residential special schools, 8 attend special Cerebral Palsy Units (Cosham 6, Guildford 1, Southampton 1), 7 are receiving Home Tuition, and 2 are in hospital. Eleven are awaiting admission to residential special schools (two of whom are receiving home tuition), and two are under review.

I have referred in previous reports to the difficulties of placing cerebral palsied children suitably in special schools. Residential schools catering especially for such children are few, and highly selective; special schools for physically handicapped pupils do not in all cases provide the specialised facilities for treatment that these children need; and parents of young cerebral palsied children are often understandably unwilling to allow them to go to boarding-school. For these reasons the opening of the Queen Alexandra Hospital Cerebral Palsy Day Unit at Cosham has been particularly welcome. This Unit, provided jointly by the Portsmouth and District Spastics Society, the Portsmouth Group Hospital Management Committee, and the Portsmouth Education Committee, was opened in February for the reception of 20 children, including a number (at present seven, including one child with spina bifida) from south east Hampshire. The County children are conveyed by ambulance or sitting-case car. The children are taught in small classes, and receive daily physio-therapy and speech therapy if required. Their medical care is in the hands of the Consultant in Physical Medicine at the Queen Alexandra Hospital. Parents are expected to attend in rota to assist in the care of the children. Children who are classified as ineducable are not accepted; but borderline cases are received on trial. One boy placed on this basis by the County Education Committee was found to be ineducable: with

this exception reports on the County children have shown initial promise of good progress, both physically and educationally, and in one or two cases there is the hope that the child may soon be sufficiently rehabilitated to be able to attend the ordinary school.

While the problems of placement of most categories of handicapped pupils have eased considerably in recent years, there is little improvement so far as Educationally Subnormal pupils are concerned. The figure of 207 children on the waiting-list is believed to understate the position, as there is still a reluctance on the part of School Medical Officers to make recommendations which they know stand little chance of implementation. On the other hand, there is no doubt that many of the recommendations for admission to special school would never have been made if there had been a suitable special class in the school the child was attending; and as such classes become commoner the demands for residential schooling will become less. Most of the recommendations for special schooling are made while the children are still in the Primary Schools (where special classes are the exception): I have expressed in previous reports my view that it is in respect of the younger educationally subnormal children that the lack of special facilities is most pronounced, and in particular I have stressed the need for some sort of "diagnostic unit" for borderline defectives aged 5 to 7.

Thirty-one children were reported during the year under Section 57(3) of the Education Act, 1944 to the Local Health Authority as being ineducable within the school system on account of disability of mind: in 4 cases the parent appealed to the Minister and in 1 the Minister upheld the appeal. No children were reported under Section 57(4) of the Act.

The problems of maladjusted children were high-lighted by the publication at the end of 1955 of the long-awaited Report of the Committee on Maladjusted Children. This report emphasised in particular the need for a preventive approach to the problem - to inculcate healthy attitudes of mind from an early age, and to detect and treat early, through child guidance methods, those departures from mental and emotional normality that, unchecked, proceed to educational failure, misery, social inadequacy, or delinquency. This approach is consistent with an increasing awareness of the extent to which mental illness (the vast majority of it uncertifiable and much of it "suffered in silence") pervades the community and destroys happiness and efficiency. I re-affirm the view that I have expressed in previous reports that these children, more than any other category of handicapped pupil, repay a heavy outlay of time and money "to effect their personal, social or educational re-adjustment", since successfully treated they are potentially normal, and untreated they are likely to be, in one way or another, a liability upon the community.

The following Table shows the numbers of children with multiple handicaps in the County in December, 1956. (In the Table overleaf these children are included under their "major" handicap - a somewhat arbitrary classification in some cases.)

Double Defect Cases					Triple Defect Cases			
Primary Handicap	Secondary Handicap	M	F	T	Combination of Defects	M	F	T
Educationally subnormal	Maladjusted	4	1	5	Physically handicapped)			
	Speech defect	47	28	75	Educationally subnormal)	6	3	9
	Delicate	4	4	8	Speech defect)			
	Physically handicapped	6	1	7	Epileptic)			
	Epilepsy	4	5	9	Maladjusted)	1	-	1
	Partially deaf	4	4	8	Educationally subnormal)			
	Partially sighted	-	1	1	Maladjusted)			
					Physically handicapped)	1	-	1
Physically handicapped	Speech Defect	3	3	6	Educationally subnormal)			
	Epilepsy	-	1	1				
	E.S.N.	8	6	14				
	Partially sighted	-	1	1	Partially deaf)			
					Speech defect)	1	1	2
					Educationally subnormal)			
Delicate	E.S.N.	1	1	2				
	Speech defect	-	1	1				
					Epileptic)			
Deaf	Partially sighted	1	-	1	Educationally subnormal)	1	-	1
					Speech defect)			
Maladjusted	E.S.N.	8	3	11				
	Epileptic	1	-	1	Educationally subnormal)			
	Speech defect	1	-	1	Maladjusted)	1	-	1
					Speech defect)			
Epileptic	E.S.N.	4	2	6				
	Speech defect	-	1	1				
					Physically handicapped)			
Partially Deaf	Speech defect	3	6	9	Deaf)	1	-	1
	E.S.N.	-	1	1	Partially sighted)			
	Partially sighted	-	1	1				
Partially Sighted	E.S.N.	1	2	3				
	Physically handicapped	-	1	1				
Blind	Epileptic	1	-	1				
	Physically handicapped	-	1	1				
	Total	101	75	176	Total	12	4	16

	M	F	
Total number of children with double or triple handicaps	113	79	= 192

HANDICAPPED PUPILS - 1956

Category	Ascertainment		Special schools [x]					Number receiving special educational treatment in ordinary school
	New Cases Ascertained during 1956	No. on Register 31.12.56	Number recommended during the year for admission	Number Admitted during the year	Number discharged during the year	Number attending on 31.1.57	Number awaiting placement 31.1.57	
Blind	1	22	4	4	4	16	5	-
Partially sighted ...	7	38	6	8	7	22	4	13
Deaf	-	43	-	6	13	42	1	-
Partially Deaf ...	62	182	4	3	7	17	6	159
Delicate	42	241	31	32+	28	28	19	200
Physically Handicapped	21	135	11	17	5	51	13	37
Educationally Subnormal	285	1279	88	35	18	152	207	967
Maladjusted	13	52	13	12	5	27	4	19
Epileptic	10	31	6	8	2	13	1	15
Speech Defective ...	256	741	1	1	-	1	-	740
Total ...	697	2764	164	126	89	369	260	2150

x includes boarding houses or hostels: excludes Hospital Schools and Spastic Units.

+ does not include 7 children admitted to Wedges School, Itchingfield.

THE SCHOOL NURSING SERVICE.

(Report by the Acting Superintendent Health Visitor)

"The School Nursing Service continues to be carried out by the Health Visitor/School Nurse as part of her general duties in all areas except one; in this area a School Nurse is employed.

I would like to elaborate on the School Nurse's duties in connection with the first medical inspection of the school child; that is, the medical inspection of the five-year old child which takes place shortly after he first attends school. Before the doctor actually medically examines the child, his sight must be tested and other minor preparations made. In a survey which I recently made throughout the County, the opinion of the School Nurses was sought, among other points, as to whether it is more beneficial to the child and the service to make the preparations for his first medical examination at school in a separate session before the actual medical inspection takes place, or immediately before the child is medically examined by the doctor. Both methods are at present in use, according to agreement between the doctor, nurse and Head Teacher.

The result was that the School Nurses brought forth many good arguments for and against both methods; the main argument in favour of the separate session prior to the medical inspection was concerned with the happiness and well-being of the child. It was considered that he is in a completely new world, which is strange and sometimes frightening to him; he lacks confidence, and if hurried because the School Nurse is pressed for time, is likely to become tearful; by having a separate preparation session before the medical inspection the School Nurse can give the necessary time and patient understanding to each child and create a placid, happy atmosphere.

The Sight Testing.

The most difficult result the School Nurse has to obtain in the preparation of the five-year old child for his first school medical inspection is an assessment of his visual acuity; it is most important at the beginning of his school career to make quite sure that the child can see properly.

To obtain an accurate result from a young nervous child who does not know his letters is a skilful undertaking, which requires time and patience; in most cases the child responds well to the nurse, and co-operates; it is interesting to note that the School Nurses consider that it is easier to get the required result when the parents are not present, which happens when the preparations are made before the day of the examination. Another advantage of testing the eyes of the school entrants before the medical inspection is that the child can watch his classmates being tested; and having seen the procedure is usually very willing - nay, almost anxious, to have his eyes tested; if the sight testing takes place immediately before the medical inspection he is an isolated child and is often far more apprehensive.

Another reason for carrying out the preparations for the five-year old's examination before the day is that the School Nurse is able to judge the normal cleanliness of the child and the usual standard of clothing, as in some cases if the parents know the child is to be medically examined on a certain day, extra care is taken in providing adequate clothing and to see that the child is quite clean.

Another advantage which presents itself in this method is the fact that the School Nurse can consult with the Head Teacher, or the class Teacher, about individual children, or be consulted by them. She can also find out if the child's parents will be attending the medical inspection and if they are not, pay a home visit, if she thinks this is necessary, to see if there are any problems that the parents may wish to be pointed out to the school doctor. It is of course much better for the parents of the young child to come to his medical inspection and discuss these problems direct with the school doctor, but this may not always be possible.

I consider it very important for the School Nurse to have sufficient time, at the actual examination session, to answer questions asked by the parents and to endorse the instruction given to the parents by the school doctor. If she has made all the necessary preparations before the day of the medical inspection, she will have time for these duties."

HEALTH EDUCATION

I am indebted to the County Education Officer for the following report prepared by Dr.W.Wagland, County Lecturer in Health Education:-

"The 1944 Education Act states "It shall be the duty of the Local Education Authority to contribute towards the spiritual, moral, mental and physical development of the community". This implies that the intellectual processes of Education, together with the work of the Schools Health Service, should enrich the developing personality of the child so that he may adjust himself happily to personal relationships and assume successfully the responsibilities of adult community life. The most important of these are those of marriage and family life, the stability of which is essential to our community health. It is imperative therefore that education should include some consideration of the role of the sex function which not only stimulates physical changes, often accompanied by emotional disturbances caused by feelings of uncertainty which, in some children, develop into real anxiety, but is also associated with the personal relationships of adult life.

The stress of war, with its disintegration of family life, emphasised the urgent need of sex education for the protection of children and young adults exposed to the dangers of widespread dissemination of sex knowledge accompanied, unfortunately by a decline in moral standards.

The Ministry therefore, in 1943, issued Pamphlet No.119, which urged Local Education Authorities and Youth Organisations to give serious and urgent consideration to the inclusion of sex education in their programmes.

The Hampshire Education Committee, in conjunction with the Winchester Diocesan Moral Welfare Council, formed a Joint Committee which appointed a whole-time Lecturer in Health Education, who, when the Joint Committee ended its two year investigation, was appointed to the Education Department of the County Council.

The policy of the Education Committee has always been that sex education, with emphasis on the spiritual and moral aspects, should be taught in the schools by the teachers themselves. An approach was made to Head Teachers when it was found that their keenness to co-operate was associated with a fear of adverse parental reaction. The approach was therefore switched to parents through meetings arranged by the schools and addressed by the Lecturer in Health Education. These meetings were often attended by Managers and Governors as well as by the teaching staffs. Unfortunately, it was soon evident that preparation by parents in the early years of childhood, on which it was hoped to base the more immediate needs of senior children in school, had not been carried out. Series of talks for parents of young children were therefore arranged at various centres and attendances were good. Then came requests, sometimes made officially to Head Teachers and Managers, from parents who wished the school to help their adolescent children. As time had not allowed teachers, generally, to become adjusted to this new demand, it was agreed that the Lecturer in Health Education should meet these requests.

The position today is, that while talks by the Lecturer in Health Education to children leaving senior schools continues as a short term policy, the Committee's main policy, that sex education shall be carried out by teachers themselves, is gradually taking shape. Several schools have now worked out their own programmes. There is a two year course in Health Education for teachers in training at King Alfred's College, Winchester. Short courses are arranged periodically for teachers at various centres - last year over fifty applied to attend the course organised in the Aldershot and Farnborough area. Many Head Teachers arrange for all members of their staffs to attend the talks given to school leavers by the Lecturer in Health Education. This has the advantage of enabling teachers to observe not only the modern presentation of this aspect of Health Education, but also, and what is most helpful, the reactions of the children and to hear their questions.

With regard to Youth Organisations, leaders ought to give every member an opportunity to discuss and prepare for the serious but adventurous responsibilities of marriage, home-making and family life. Much more could be done in this field than is done at the present time.

A series of talks, similar to that now incorporated in the training programme of Basingstoke Technical College, has been requested by the Principal of the Royal Aircraft Establishment Technical College, Farnborough, while the number of undergraduates attending a course of lectures on 'Marriage and the Family', at Southampton University (now an annual event) increases each year.

Health Education, of which sex education is an important part, now covers such a wide field that it becomes increasingly necessary to maintain the closest co-operation with all who contribute in any way to the requirements of the child as a developing personality.

It is delightful to work among children whose health and happiness reflect the results of work done by those responsible for their general well-being and with all of whom it is a pleasure to co-operate."

In addition to the approach by Dr.Wagland to teachers and pupils in groups, a valuable contribution to health education is made by the School Medical Officers and School Nurses in their personal discussions with parents and children of individual problems, at the clinics, at school medical and hygiene inspections, and in the children's homes. The particular value of the advice given by School Nurses in the course of their home visits lies in the fact that it is concentrated where it is most needed. The nurses, whether in their capacity of Health Visitors or of School Nurses, naturally visit most intensively in those homes where owing to misfortune or mis-management the children's health is most at risk. The number of households in the County where conditions are so bad as to warrant calling them "problem families" is fortunately not large, though as is generally recognised they demand a quite disproportionate amount of time from the Health Visitors and other social workers. There are usually one or more school children in such families, and bad school attendance is frequently one facet of the problem, so that close liaison between the School Nurses and the Education Welfare Officers is needed. School Medical Officers (who are also Assistant County Medical Officers and in many cases District Medical Officers of Health as well) have been encouraged to take the lead in calling together and co-ordinating the work of the various officers and agencies who can help in such families.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS INTO TEACHERS' TRAINING COLLEGES

During the year a total of 219 candidates for entry into Teachers' Training Colleges were examined, the medical classification being:-

	A.1	A.2	B.1
Males	30	20	2
Females	123	43	1

Forty-six qualified entrants to the teaching profession were also examined and classified medically as follows:-

	A.1	A.2	B.1
Males	11	6	-
Females	20	7	2

(Candidates are classified as A.2 if they are in good health but have defects which are not likely to interfere with efficiency in teaching; and as B.1 if they have defects which are likely to interfere to some extent with efficiency in teaching but are not serious enough to make the candidate unfit for the teaching profession).

X-ray examination is required for all entrants to Training Colleges and newly qualified entrants to the profession, and is arranged whenever possible at Mass Radiography Units and prior to the medical examination. During the year under review 175 such X-ray examinations were arranged, the remaining candidates having been X-rayed within the previous 12 months. X-ray examination is not however at present a condition of appointment for teachers who have held previous teaching appointments.

SCHOOL MEALS AND MILK

I am indebted to the County Education Officer for the following information:-

"SCHOOL MEALS

During the year school meals became available to all schools in the county, 227 departments being supplied with meals from their own kitchens and 196 departments from other schools or cooking depots.

The daily number of meals supplied in each of the last six years (as determined on a sample day in October of each year) was:-

1951	46,485	1954	50,448
1952	51,648	1955	56,113
1953	48,094	1956	57,951

Of a total of 91,635 day pupils attending school on a day in October, 1956, 57,951 took the mid-day meal. The percentage demand of 63.24% shows a decrease of .41% on the comparable figure for October 1955, due to a further price increase of one penny per meal imposed by the Ministry of Education on 1st September, 1956.

Seven Cooking Depots continue to operate, the average output being as follows:-

Andover	300	Portchester	1,900
Basingstoke	2,000	Portsdown	800
Chandlers Ford	1,900	Romsey	850
		Winchester	1,800

During April, 1956, a one-day refresher course was held at the Winchester County Secondary Boys' School for Supervisors, Cook-Supervisors, Cooks-in-Charge and Cooks. A similar course was also held for canteen helpers. Altogether, approximately 750 staff attended these courses. The importance of personal and kitchen hygiene was stressed during the instruction.

It has been possible to resume the training of Cooks-in-Charge, following the opening of the training kitchen at the Chandlers Ford County Primary School in November, 1956. It is hoped that this training will shortly be extended to cover the Cooks and Assistant Cooks.

SCHOOL MILK

Under the revised regulations issued by the Ministry of Education the Authority became responsible, from 1st September, 1956, for the provision of milk to independent schools in the County. Arrangements have been made to supply 179 schools with milk, approximately 12,000 (90.5%) pupils having taken advantage of the provision.

Although difficulties in obtaining satisfactory tenders for supplies of milk continue to be experienced, the position improved to some extent during the year, both with regard to price and the proportion of schools receiving a pasteurised supply. Milk was supplied to 602 maintained and independent schools and discount terms were tendered in respect of 535 of these. Of the remaining 67 schools the majority are small and isolated. In many areas, however, there is little evidence of any real competition between traders for the contracts.

The following table shows the number of maintained schools and pupils receiving the various grades of milk on a day in October, 1956:-

No. of Maintained Schools taking the various grades of milk	Pasteurised		Tuberculin Tested		Total
	No.	%	No.	%	
Nursery	1	100	-	-	1
Primary	343	95.8	15	4.2	358
Secondary	63	98.4	1	1.6	64
Total	407	96.2	16	3.8	423

No. of children receiving milk in these schools	Pasteurised		Tuberculin Tested		Total	
	No.	% *	No.	* %	No.	* %
Nursery	35	100	-	-	35	100
Primary	53,952	88.1	989	1.6.	54,941	89.7
Secondary	19,391	63.3	211	.7	19,602	64
Total	73,378	79.7	1200	1.3	74,578	81

* percentage of children in attendance at school on the day of the return."

During this year the number of schools without a supply of pasteurised milk was reduced from 22 to 15, in accordance with a policy of providing a pasteurised supply wherever possible.

There was one outbreak during the year of suspected food-poisoning (see page 30) where the circumstantial evidence suggested that a school meal may have been involved.

SCHOOL HYGIENE AND SANITATION

Water supplies to schools which have no main supply are sampled twice yearly or more often when necessary. Since 1955, 7 schools have been connected to a main supply and at the end of 1956, 20 schools were without, one of which was awaiting connection.

Of the 66 samples taken during 1956, 9 from 5 schools were unsatisfactory showing evidence of bacterial pollution. In four of these five schools, the pollution was slight and transient, subsequent samples proving satisfactory; in the other, a main supply became available at the end of the year but had not been connected.

Sanitary provision. It is pleasing to be able to report that 17 schools were provided with water-borne sanitation during 1956; nevertheless there still remain 137 schools (34 of them "aided") with conservancy disposal. Nearly all of these are provided with chemical (pail) closets, following upon a general

introduction of this method of disposal five or six years ago, to replace dry conservancy systems in those rural schools where water-carriage was considered impracticable. This was an undoubted step forward, but a number of factors have since operated with increasing insistence to make chemical closets, and the unflushable trough urinals that usually accompany them, unacceptable in schools. The schools are progressively more crowded: school meals lead to more use of the toilet: school-kitchens near to the sanitary blocks on congested sites give rise to risk of contamination of food by flies: congestion of sites creates difficulty in the disposal of pail-contents: it becomes progressively harder to secure the high standard of caretaking necessary to keep pail-closets "safe": parents are more hygiene-conscious, and health education tries to make the children so: fewer children have pail-closets in their own homes: and diarrhoeal diseases are on the increase.

For these reasons the time has come to face up to the need for water-carriage systems, even though in some schools this can only be done at a high cost per head. I am glad to say that at the time of writing this Report the whole question of sanitation in schools, together with the no less important matter of hand-washing facilities, is receiving special consideration by the Education Committee.

I. A. MacDOUGALL

Principal School Medical Officer.

ALDERSHOT AND FARNBOROUGH DIVISIONAL AREA

Dr.J.Craig Lindsay, Divisional School Medical Officer for Aldershot and Farnborough Area, reports as follows:-

"It is with some regret that in giving one's impression of the working of the School Health Service in this area, one has still to refer to the lack of co-ordination which is present in the National Health Service, with particular reference to the place of the School Health Service in the overall scheme. Perhaps this is more obvious and more difficult to achieve in the less thickly populated areas. Nevertheless I am not satisfied that the Hospital Service and the General Practitioners yet accept the School Health Service as an equal partner in the work of promoting the health of the school child. Such a state of affairs might also be explained by the fact that the Hospital and General Practitioner Services are mainly orientated from the point of view of disease and abnormality of tissue, whereas the School Health Service is, or should be, mainly preventive in its outlook. A further explanation might also be the lack of medical administration at the lower levels or towards the periphery of the National Health Service. In this connection the medical man, as a rule, provided he makes contact, has no difficulty in obtaining records, reports and the like from other branches of the Service and so in this way overcomes the natural inhibition for such information to be freely exchanged in the non-medical channel.

We have, perhaps, less difficulty in this area than in some but this is due to the fact that I personally call from time to time at the Hospitals and make contact and endeavour to see all the Consultants and Practitioners locally; this promotes confidence and the "team spirit". As a result of this, we flatter curselves that our records and especially Form 10 M really mean something in the child's life and are worth reading. The centralised filing of these documents contributes greatly to this state of affairs and facilitates the free interchange of confidential information. Form 12M (the envelope) is extremely useful as a universal container and makes filing easier.

In this connection, the system recently established in the County for the rapid exchange of school medical records is working very successfully and few children are seen without their previous reports. Several Head Teachers help considerably by sending to the central point in the area (School Clinic) the names of all children who leave school together with the names of the new schools so that the records can be passed on. If this were more common, it would undoubtedly be in the child's interest.

The position is not yet clarified whereby the school medical records are passed on to the General Practitioner when the child leaves school; there are undoubtedly major difficulties in implementing this idea but it is a point worth considering.

In studying the annual statistics for the Ministry of Education, which as usual provide a fund of information if one has time to study them, it would seem that there is some increase in pupils referred for examination or placed under observation for defective vision in this area. One hesitates to offer a quick and facile explanation but the situation is being watched very carefully and will be the subject of further review during 1957."

SCHOOL CLINICS

31st December, 1956

NAME AND ADDRESS OF CLINIC	*MINOR AILMENT*	*ORAL HYGENIST (c) DENTAL (d) (By Appointment)*	*OPHTHALMIC (f) ORTHOPTIC (e) (By Appointment)*	*MINOR ORTHOPAEDIC CLINICS*	*SPEECH THERAPY (By Appointment)*	*CHILD GUIDANCE (By Appointment) P.: PSYCHIATRIST E.P.: EDUCATIONAL PSYCHOLOGIST S.W.: SOCIAL WORKER*	*AUDIOMETRY (By Appointment)*
ALDERSHOT St. Georges Road East	Daily a.m. except Sat.	Daily except Mon. & Sat. a.m. (*d*) As required (*c*)	Thurs. a.m. & p.m. (*f*)		Tues. a.m. & p.m. Thurs. p.m. Fri. a.m. & p.m.		1st Thurs. a.m.
Manor Park						Mon. a.m. & p.m. (P. & S.W.) Weds. a.m. & p.m. (S.W. & E.P.)	
Aldershot Hospital			Weds. a.m. (*e*)				
ALTON General Hospital			4th Fri. a.m. & p.m. (*f*) Tues. a.m. & p.m. (*e*)		Mon. p.m.		
Lord Mayor Treloar Hospital					Mon. a.m., Tues. p.m., Fri. a.m.		
Secondary Modern School		As required (*d*)					
ANDOVER Health Clinic, 70, Junction Road	Wed. a.m.	As required (*d*) As required (*c*)	2nd & 3rd Tues. a.m. & p.m. (*f*)		Weds. a.m. & p.m.	Tues. a.m. (P., E.P. & P.S.W.)	As required
War Memorial Hospital			Weds. a.m. & Fri. a.m. (*e*)				
BASINGSTOKE Health Clinic, Bramblys Grange	Fri. a.m. (E.N.T. cases on 4th Fri. only)	As required (*d*) As required (*c*)	1st & 2nd Weds. a.m. & p.m. (*f*)		Mon. a.m. & p.m. Thurs. a.m.	Tues. a.m. & p.m. (P. & S.W.) Alt. Tues. p.m. (S.W. & E.P.)	4th Fri. a.m.
Basingstoke & District Hospital			Mon. a.m. & p.m. & Weds. p.m. (*e*)				
BROCKENHURST Dental Clinic, Brookley Road		As required (*d*)			Weds. p.m.		
CHRISTCHURCH Health Clinic, Millams Street	1st & 3rd Thurs. a.m.	As required (*d*) As required (*c*)	3rd Fri. a.m. & p.m. (*f*)		Weds. a.m. Thurs. a.m. & p.m. Fri. a.m.		As required
EASTLEIGH Health Clinic, The Red House, Romsey Road	Fri. a.m.		4th Tues. a.m. & p.m. (*f*)			Thurs. p.m. (P. & P.S.W.) Mon. a.m. (P.S.W. & E.P.)	As required
Health Clinic, Chamberlayne Road		As required (*d*) As required (*c*)					
FAREHAM St. Christopher's Hospital			1st Tues. a.m. & p.m. (*f*) 2nd Fri. a.m. & p.m. (*f*)				
Health Clinic, Flying Angel	1st & 3rd Fri. 9.15-10.15 a.m.	Mon. a.m. & p.m., Tues. a.m. (*d*) As required (*c*)		3rd Weds. a.m.	Tues. & Thurs. a.m. & p.m., Mon. a.m.		As required
FARNBOROUGH St. Mark's Hall	Tues. a.m.	As required (*d*)					
FLEET 198, Fleet Road		As required (*d*)					
GOSPORT The Gables, Spring Garden Lane			Weds. p.m. (*f*)	2nd Tues. a.m.	Mon. p.m., Weds. & Fri. a.m. & p.m.	Weds. a.m. & p.m. (P. & P.S.W.) Thurs. a.m. & p.m. (E.P. & P.S.W.)	
Holbrook Health Clinic		As required (*d*)					
School Clinic, 2, Stoke Road	Daily a.m. except Sat.	Daily a.m. & p.m. & alt. Sat. a.m. (*d*) As required (*c*)					2nd Weds. p.m.
HAVANT Health Clinic, Park Way	Fri. a.m.	As required (*d*)	Mon. a.m. (*f*)		Weds. & Thurs. a.m. & p.m.		As required
LYMINGTON Health Clinic, Hillcroft, New Street	Tues a.m. except during school holidays	As required (*d*)	3rd Weds. a.m & p.m. (*f*)		Mon. a.m. & p.m.	Fri. a.m. & p.m. (P. & P.S.W. + E.P. fortnightly)	As required
PETERSFIELD Health Clinic, Love Lane	Fri. a.m. (1st Fri. in month—M.O.)	As required (*d*)	3rd Mon. a.m. & p.m. (*f*)		Fri. p.m.	Thurs. a.m. (P. & P.S.W.)	As required
RINGWOOD 18-20, Market Place		As required (*d*)			Fri. p.m.		
ROMSEY Church House	1st & 3rd Thurs. 9.15-10.15 a.m.	As required on Tues., Weds. & Fri. (*d*)					As required
Romsey and District Hospital			2nd Mon. a.m. (*f*)				
SOUTHAMPTON 18, Archers Road					Weds. a.m. & p.m.		
TOTTON Health Clinic, Rumbridge Street	1st & 3rd Tues. a.m.	As required (*d*)	4th Weds. a.m. & p.m. (*f*)		Tues. a.m. & p.m.		As required
WINCHESTER Trafalgar House			4th Mon. a.m. & p.m. (*f*) 2nd Mon. p.m., 1st Fri. a.m. & p.m. (*f*)	4th Fri. Odd months p.m.	Mon. & Fri. a.m. & p.m., Tues. a.m.	Thurs. a.m. & p.m. (P. & P.S.W.) Fri. a.m. & p.m. (P. & P.S.W.) Mon. p.m. (P.S.W. & E.P.)	
R.H.C. Hospital			Thurs. a.m. & p.m., Fri. p.m., Sat. a.m. (*e*)				
School Clinic, 4, The Square	Daily 9-10 a.m. except Sat.	As required (*c*) As required (*d*)					As required

N.B.—6 Mobile Clinics are also used by the School Dental Service and there are the following premises where clinics are held as required.

Alresford—Mr. Inge's Surgery
Ashley C.P. School
Bridgemary—Avenue Infants School
Netley—British Legion Hall
Portchester—Manor House C.P. Infants School
Sarisbury—British Legion Hall
Stockheath C.P. School
Totton Grammar School
Waterlooville C.P. School

STATISTICAL COUNTY TABLES

TABLE I

Medical Inspection during 1956.

A. Periodic Medical Examinations						B. Other Medical Examinations	
Entrants	Second Age Group	Third Age Group	Totals	Additional Periodic Exam'tions	Grand Total	Special Examinations	Re-Exam'tions
12,833	6,982	6,109	25,924	142	26,066	3,486	21,569

C. Pupils found to Require Treatment

Number of individual pupils found at periodic medical examination to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)		For any of the other conditions recorded in Table II A		All Conditions	
	No.	% of No. examined	No.	% of No. examined	No.	% of No. examined
Entrants	498	3.9	1,667	13.0	2,129	16.6
Second Age Group	534	7.6	997	14.3	1,479	21.2
Third Age Group	416	6.8	701	11.5	1,088	17.8
Additional Periodic Exams.	4	2.8	15	10.6	19	13.4
Total	1,452	5.6	3,380	13.0	4,715	18.1

TABLE II

(A) Analysis of Defects found at Periodic and Special Inspections in the year ended 31st December, 1956

Defect Code No.	Defect or Disease	Periodic Inspections — Age Groups: ENTRANTS: No. 12,833 — No. of Defects				INTERMEDIATES: No. 6,982 — No. of Defects				LEAVERS: No. 6,109 — No. of Defects				TOTAL: No. 25,924 — No. of Defects				Additional Periodic Inspections: No. 142 — No. of Defects				Special and Re-Inspections: No. 22,190 — No. of Defects			
		Requiring Treatment	Incidence per 1,000 Inspections	Requiring Observation	Incidence per 1,000 Inspections	Requiring Treatment	Incidence per 1,000 Inspections	Requiring Observation	Incidence per 1,000 Inspections	Requiring Treatment	Incidence per 1,000 Inspections	Requiring Observation	Incidence per 1,000 Inspections	Requiring Treatment	Incidence per 1,000 Inspections	Requiring Observation	Incidence per 1,000 Inspections	Requiring Treatment	Incidence per 1,000 Inspections	Requiring Observation	Incidence per 1,000 Inspections	Requiring Treatment	Incidence per 1,000 Inspections	Requiring Observation	Incidence per 1,000 Inspections
4	Skin	104	8.1	251	19.6	81	11.6	112	16.0	99	16.2	126	20.6	284	11.0	489	18.9	6	42.3	1	7.0	229	10.3	390	17.6
5	Eyes—(*a*) Vision	498	38.8	1,642	127.9	534	76.5	629	90.1	416	68.1	489	80.1	1,448	55.9	2,760	106.5	4	28.2	16	112.7	891	40.2	2,431	109.6
	(*b*) Squint	149	11.6	255	19.9	42	6.0	64	9.2	18	2.9	30	4.9	209	8.1	349	13.5	1	7.0	3	21.1	89	4.0	291	13.1
	(*c*) Other	32	2.5	80	6.2	27	3.9	56	8.0	13	2.1	52	8.5	72	2.8	188	7.3	—	—	4	28.2	91	4.1	154	6.9
6	Ears—(*a*) Hearing	64	5.0	217	16.9	39	5.6	87	12.5	16	2.6	37	6.1	119	4.6	341	13.2	—	—	8	56.3	178	8.0	357	16.1
	(*b*) Otitis Media	16	1.3	116	9.0	5	0.7	23	3.3	7	1.1	12	2.0	28	1.1	151	5.8	—	—	—	—	21	0.9	34	1.5
	(*c*) Other	56	4.4	222	17.3	50	7.2	66	9.5	74	12.1	52	8.5	180	6.9	340	13.1	—	—	1	7.0	128	5.8	278	12.5
7	Nose and Throat	334	26.0	2,819	219.7	67	9.6	636	91.1	31	5.1	262	42.9	432	16.7	3,717	143.4	1	7.0	3	21.1	171	7.7	2,906	131.0
8	Speech	75	5.8	300	23.4	19	2.7	36	5.2	7	1.1	24	3.9	101	3.9	360	13.9	—	—	3	21.1	192	8.7	447	20.1
9	Lymphatic Glands	22	1.7	1,049	81.7	4	0.6	161	23.1	—	—	47	7.7	26	1.0	1,257	48.5	—	—	—	—	2	0.1	946	43.6
10	Heart	7	0.6	156	12.2	3	0.4	93	13.3	3	0.5	59	9.7	13	0.5	308	11.9	—	—	—	—	3	0.1	307	13.8
11	Lungs	33	2.6	572	44.6	10	1.4	156	22.3	10	1.6	101	16.5	53	2.0	829	32.0	—	—	2	14.1	22	1.0	528	23.8
12	Developmental—(*a*) Hernia	9	0.7	28	2.2	5	0.7	11	1.6	2	0.3	4	0.7	16	0.6	43	1.7	—	—	—	—	6	0.3	40	18.0
	(*b*) Other	6	0.5	126	9.8	8	1.2	61	8.7	3	0.5	15	2.5	17	0.7	202	7.8	—	—	1	7.0	7	0.3	149	6.7
13	Orthopaedic—(*a*) Posture	160	12.5	173	13.5	246	35.2	211	30.2	191	31.3	147	24.1	597	23.0	531	20.5	2	14.1	4	28.2	239	10.8	465	21.0
	(*b*) Feet	440	34.3	360	28.1	330	47.3	260	37.2	168	27.5	185	30.3	938	36.2	805	31.1	2	14.1	1	7.0	402	18.1	826	37.2
	(*c*) Other	188	14.7	763	59.5	93	13.3	305	43.7	68	11.1	202	33.1	349	13.5	1,270	49.0	2	14.1	2	14.1	140	6.3	947	42.6
14	Nervous System—(*a*) Epilepsy	10	0.8	30	2.3	4	0.6	20	2.9	—	—	11	1.8	14	0.5	61	2.4	—	—	—	—	3	0.1	42	1.9
	(*b*) Other	9	0.7	90	7.0	2	0.3	21	3.0	2	0.3	9	1.5	13	0.5	120	4.6	—	—	—	—	2	0.1	69	3.1
15	Psychological—(*a*) Development	2	0.2	81	6.3	4	0.6	32	4.6	1	0.2	12	2.0	7	0.3	125	4.8	—	—	—	—	2	0.1	91	4.1
	(*b*) Stability	30	2.3	392	30.6	16	2.3	125	17.9	4	0.7	28	4.6	50	1.9	545	21.0	1	7.0	3	21.1	60	2.7	329	14.8
16	Abdomen	2	0.2	43	3.4	1	0.1	22	3.2	3	0.5	12	2.0	6	0.2	77	3.0	—	—	—	—	32	1.4	105	4.7
17	Other	43	3.4	294	22.9	41	5.9	199	28.5	28	4.6	141	23.1	112	4.3	634	24.5	—	—	1	7.0	113	5.1	625	28.2
19	Menstruation *	—	—	—	—	—	—	9	2.6	4	1.3	29	9.5	4	0.3	38	2.9	—	—	—	—	4	0.4	24	2.2

* The incidence per 1,000 inspections has been calculated on the assumption that half the children inspected were girls.

(B) Classification of the Physical Condition of Pupils During the Year in the Age Groups

Age Groups	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	12,833	12,722	99.14	111	.86
Intermediates	6,982	6,896	98.77	86	1.23
Leavers	6,109	6,065	99.28	44	.72
Additional Periodic Inspections	142	142	100.	—	—
Total	26,066	25,825	99.08	241	.92

TABLE III

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

	1956	1955
1. Number of pupils inspected by the Authority's Dental Officers:		
(a) Periodic Age Groups	54,073	59,586
(b) Specials	4,029	3,078
Total (1)	58,102	62,664
2. Number found to require treatment	44,293	46,053
3. Number offered treatment	42,408	not available
4. Number actually treated	29,198	30,799
5. Number attendances made by pupils for treatment including those recorded at Heading 11(h)	63,241	63,744
6. Half days devoted to: Inspection	476	532
Treatment	8,424ø	8,315
Total (6)	8,900	8,847
7. Fillings: Permanent Teeth	36,245	35,666
Temporary Teeth	8,186	7,860
Total (7)	44,431	43,526
8. Number of teeth filled: Permanent Teeth	32,267	31,645
Temporary Teeth	7,964	7,530
Total (8)	40,231	39,175
9. Extractions: Permanent Teeth	5,630 *	6,266 *
Temporary Teeth	22,319 *	24,271 *
Total (9)	27,949 *	30,537 *
10. Administration of general anaesthetics for extractions	10,746	10,411
11. Orthodontics.		
(a) Cases commenced during year	505	No records available
(b) Cases carried forward from previous year	255	
(c) Cases completed during the year	303	
(d) Cases discontinued during the year	129	
(e) Pupils treated with appliances	706	
(f) Removable appliances fitted	462	
(g) Fixed appliances fitted	-	
(h) Total attendances	4,328	
12. Number of pupils supplied with artificial dentures	138	
13. Other operations: Permanent Teeth	16,092	8,707
Temporary Teeth	11,127	8,368
Total(13)	27,219	17,075

* Of these 751 permanent and 1,027 temporary teeth were extracted for orthodontic reasons; the numbers for the previous year being 870 and 1,982.

ø Of these 723 were general anaesthetic sessions attended by a second Dental Officer (518) or by a Medical Officer (205) acting as anaesthetist.

ALDERSHOT AND FARNBOROUGH DIVISIONAL AREA

TABLE I

Medical Inspection during 1956.

School Population (number on roll): 8,637.

A. Periodic Medical Examinations						B. Other Medical Examinations	
Entrants	Second Age Group	Third Age Group	Totals	Number of other Periodic Exam'tions	Grand Total	Special Examinations	Re-Exam'tions
1280	807	561	2648	Nil	2648	298	1690

C. Pupils found to Require Treatment

Number of individual pupils found at periodic medical examination to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II A	All Conditions
Entrants	65	264	310
Second Age Group	94	166	239
Third Age Group	59	96	145
Grand Total	218	526	694

Classification of the General Condition of Pupils Inspected During the Year in the Age Groups

Age Groups	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col.2	No.	% of Col.2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	1280	1263	98.67	17	1.33
Intermediates	807	801	99.26	6	.74
Leavers	561	556	99.11	5	.89
Total	2648	2620	98.94	28	1.06

Infestation with Vermin

(i) Total number of examinations in the schools by the school nurses or other authorised persons 19,232

(ii) Total number of individual pupils found to be infested 80

(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) 6

(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) Nil

GOSPORT DIVISIONAL AREA

TABLE I

Medical Inspection of pupils attending Maintained Primary and Secondary Schools during 1956

School Population (number on roll): 10,202.

A. Periodic Medical Examinations						B. Other Medical Examinations	
Entrants	Second Age Group	Third Age Group	Totals	Number of other Periodic Exam'tions	Grand Total	Special Examinations	Re-Exam'tions
1273	794	574	2641	Nil	2641	726	1621

C. Pupils found to Require Treatment

Number of individual pupils found at periodic medical examination to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II A	All Conditions
Entrants	60	151	211
Second Age Group	42	124	166
Third Age Group	28	105	133
Grand Total	130	380	510

Classification of the General Condition of Pupils Examined during the Year in the Age Groups

Age Groups	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	1273	1250	98.19	23	1.81
Intermediates	794	776	97.73	18	2.27
Leavers	574	573	99.83	1	.17
Total	2641	2599	98.41	42	1.59

Infestation with Vermin.

(i) Total number of examinations in the schools by the school nurses or other authorised persons 28,660

(ii) Total number of individual pupils found to be infested 68

(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) Nil

(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) Nil